

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## Court criticises Society's code of discipline

*Move to PCTs a  
threat to pharmacy  
contractor status?*

*MP's local support  
for pharmacy*

*Firms join forces to  
defuse Y2K worries*

*UniChem urges  
pharmacists not to  
board stock in panic*



*Slim chance left  
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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## COMMENT

**W**hat if...? PSNC has been concerned that the latest Health Bill allows primary care trusts to provide premises for pharmacy services from 'one-stop' health centres. Health minister John Denham, in announcing more details this week of how PCTs will be developed, referred to "more kinds of treatment being available on the same site, as GPs form partnerships with dentists, opticians and pharmacists". The British Medical Association is concerned that doctors are being railroaded into PCTs - free standing legally established bodies that will evolve from PCGs (see p6). While ministers deny that there is a threat to the contractor status of GPs - and by extension, pharmacists - some senior figures in the medical camp see doctors shifting out of NHS work like opticians and dentists (there was never any threat to their contractor status either: the service was just made so basic that users were prepared to pay for a better one, and practitioners were happy to provide it since it paid more). The new NHS pay structure will presumably apply to PCTs and this, along with 'one stop shops' and the centralised control of budgets, could be seen as a move towards a salaried service with local autonomy in service provision. Within the structure of the NHS the contractor status of GPs and pharmacists has always been something of an anomaly - albeit one that has survived numerous NHS reorganisations relatively unscathed until now. A shift to more private medicine, or an element of co-payment to support basic NHS services, will have a profound effect on the economics of community pharmacies. Coincidentally, there is considerable growth in the number of pharmacies developing the non-NHS professional aspects of their businesses. It all fits in with the 'New Age' vision, but it could also leave them well placed if the government's 'drive to modernise healthcare' has a rather more radical outcome than its architects envisaged.

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The second time in a row that Glaxo has failed to progress in largest European market



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## Judgement is reserved on RPM

The leave hearing in the restrictive practices court reserved judgement last week on resale price maintenance, with indications that the case is likely to go to a full court hearing.

The judge, Mr Justice Buckley, will give a written judgement to both parties shortly before holding an open court session at which both QCs must be present to discuss procedural issues and matters such as how to allocate the costs incurred so far. The date for this session had not been decided as *C&D* went to press, but was expected to be in the next few weeks.

The leave hearing, in which the director general of fair trading sought leave to apply to the court for RPM on medicines to be scrapped, went on for four days - twice as long as expected. The OFT had to demonstrate there was enough evidence of "material change in the relevant circumstances" since the court approved RPM in 1970.

David Oliver QC, acting for the Office of Fair Trading, condemned the RPM agreement as out of date. A "health tax" which allegedly forced customers to pay a minimum price for OTC medicines was "quite simply a bad thing". He submitted that the growth in supermarket own brands effectively undermined the protection offered to branded products by RPM. Another change since 1970 was that people now visited pharmacies to have prescriptions dispensed rather than to buy proprietary medicines, leading to a significant decline in these products through pharmacies.

But Mark Cran QC, for the Community Pharmacy Action Group, argued that it was in the public interest to keep RPM on medicines. He urged the judge to strike out some of the eight material changes cited by the OFT, saying that RPM products remained as important to the viability of pharmacies as they were in 1970.

# Korsner's appeal fails

Adrian Korsner, struck off a year ago for obtaining money from the NHS by claiming for medicines he had never supplied, had his High Court appeal against the decision dismissed last week, amid judges' calls for "modernisation" of the disciplinary procedures involved.

Mr Korsner of Ballards Lane, Finchley, struck off on January 22, 1998, had claimed he was prejudiced by a failure to give him a fair hearing and observing minimum standards of procedural fairness.

Josselyn Hill, solicitor for The Royal Pharmaceutical Society at the Statutory Committee hearing, had relied on written witness statements. Lord Justice Brooke, sitting with Mr Justice Forbes, said Mr Hill was under the impression that Mr Korsner had agreed to them being allowed. Although Mr Korsner did not object on the first day of the hearing, and his solicitor did not complain until his closing submissions about what had happened regarding the statements, it was argued the Committee erred in permitting those statements to be included.

Lord Justice Brooke said the case relating to Mr and Mrs C - two of the

three statements included - raised "rather different issues".

"The Society was charging Mr Korsner with fraud and its prosecutor had in his possession statements from two prosecution witnesses which showed they had later resiled from their earlier written testimony," he said.

"We have sympathy for the Committee who acted on the first day of the hearing in ignorance of information that was available to the prosecutor, but in our judgement it would be quite wrong to allow this conviction to stand insofar as any reliance was placed on evidence relating to Mr and Mrs C."

"In our judgement, the Statutory Committee and the Society would do well to re-examine their procedures in this respect, particularly in a case like this where a pharmacist is willing to admit unethical behaviour but denies dishonest conduct." However, "it appears to us that even if the evidence relating to Mr and Mrs C is put to one side, there was ample evidence on which the Committee was entitled to make the findings it did". It was submitted striking off was "too severe", but Lord Justice Brooke rejected this.

He was critical though, of the disciplinary process. He hoped that the Society would "take effective steps to modernise the operation of its disciplinary processes so that the Statutory Committee can cope with its workload in a manner which accords with the modern standards of justice".

Relating to the regulations contained in the 1978 Order of Council "which bear a rather dated air", Lord Justice Brooke said: "The Committee's powers of punishment do not include either a power to fine or a more conventional power to suspend a pharmaceutical chemist from practice for a determinate period, and they appear to include a power to reprimand or admonish even when no misconduct is proved."

"We appreciate that efforts are being made to mitigate the worst of these archaisms but it would be much better if the underlying framework was modernised."

"We do not, however, consider that any of these considerations should lead to the court setting aside the Committee's order in this case and for these reasons we would dismiss the appeal."

## Pharmacists smiling about health promotion

More than 30 pharmacists in Berkshire are taking part in an oral health promotion campaign for children during February.

Pharmacists have been paid £120 each for taking part and have had their locum costs reimbursed for attending a training day. Berkshire Health Authority is funding the campaign with money from the health promotion fund.

The 'Healthy Smiles' campaign aims to:

- increase the number of 0-5-year-olds registered with a general dental practitioner
- encourage oral hygiene
- promote use of sugar-free medicines and teething gels.

cines and teething gels.

Pharmacists from both independents and multiples attended one of two study days given by dentists last month. The days covered oral health, disease and services in Berkshire, orthodontics today, oral health problems in children, and the role of oral health promotion. Further joint workings between pharmacists and community dentists were also discussed.

'Healthy Smiles' is the tenth campaign involving pharmacists and the HA since 1995. Based on results from these campaigns, Berkshire Local Pharmaceutical Committee and the HA have compiled a paper on phar-

macists' role in health promotion which they plan to present to primary care groups. They are aiming to move away from campaign-led health promotion towards a more proactive approach.

● A Reading pharmacist has organised an oral health open day for children at his pharmacy.

Brian Hunjan, from Haslam Chemist, decided to run the event after attending the 'Healthy Smiles' training day. He sent leaflets to local schools, and all local dentists and GPs to publicise the day. Dental nurses were in his pharmacy offering advice on dental health. He plans to run similar events on the subjects of head lice and diabetes.

## Society sets up New Technologies Forum

A New Technologies Forum has been set up by the Royal Pharmaceutical Society which should lead to the faster approval of new medicines.

The Forum will be used by the pharmaceutical industry and its regulators to discuss the introduction of new technologies in research and manufacturing. New technologies are increasingly used in drug development, but the industry may be reluctant to include these new technologies in marketing authorisation applications for fear of slowing down the process.

Regulatory bodies may not have the expertise to approve use of these technologies and the industry cannot be seen to be influencing them by providing the necessary training. The Forum will be used as an independent platform for discussion of these issues and development of training modules.

The Forum, which met for the first time last week, is being run jointly by the Society, the Medicines Control Agency and the pharmaceutical industry. The first technology to be discussed is Raman Spectroscopy.

## Proposals for NHS Direct involvement

The Essex NHS Direct steering group is to put forward proposals for the involvement of pharmacy services.

The main proposals are:

- pharmacies to act as a referral point for the helpline, in addition to GPs and accident and emergency wards
- pharmacist involvement in provision of drug information for the service
- a pilot study in an Essex pharmacy which would provide face-to-face advice for people unwilling to use the telephone.

There has been a "positive" response from the NHS Executive to the ideas so far, according to John Stanley, a steering group committee member.

The proposals for the involvement of pharmacy services were drawn up by Mr Stanley, Janet Flint from the practice division at the Royal Pharmaceutical Society, and Georgina Craig, head of professional development at the National Pharmaceutical Association. The proposals will be submitted to the NHS Executive for consideration.

## Society looks to millennium with IT project



**Kathryn Williams and David Morgan at the Royal Pharmaceutical Society's headquarters on Monday, when they each took away £1,000 of computer equipment and software**

Kathryn Williams from Sheffield and David Morgan from Mold are the joint winners in the Royal Pharmaceutical Society's millennium project competition.

In January 1998, the Society offered a £2,000 prize to the pharmacist coming up with the best idea for a project to mark the millennium, promoting the values of 'Pharmacy in a New Age'.

The winning ideas focused on the use of information technology, using the internet and electronic reference material. Elements from both entries are being carried forward in a practice research project co-ordinated by the head of the Society's IT policy unit, Ian Shepherd, in conjunction with the School of Pharmacy, London.

Pharmacists in a variety of settings will be linked to the NHSnet and given temporary access to relevant information and professional support. Their use of these IT links will be evaluated and the results used to guide the Society's future work in this area.

## Show your teeth for Smile Week

The British Dental Health Foundation's National Smile Week will run from May 17-23.

With the theme 'Show your teeth you care', the campaign is aimed at raising awareness of dental health. It will be supported by local initiatives in dental practices and schools. The BDHF will be talking to the public about their dental habits and finding out who has got the best smile. A free information pack containing promotional ideas and a poster is available from the BDHF (tel: 01788 546365).

TV presenter Diane Louise Jordan will be supporting the week as a forerunner to the launch of an audio book: 'Going to the dentist'.

# Threat to independence

Independent contractor status for GPs and pharmacists is being threatened by the Government's centralising changes to primary care, according to some leading voices in the British Medical Association.

Ministers have denied any threat to the independence of GPs, but the growing anxiety about the way that their independence is being whittled away is to be raised at a meeting of the BMA council on March 3.

The chairman of the BMA's GP committee, Dr John Chisholm, protested that GPs were being 'railroaded' into primary care trusts - the 'one stop shops' which will include pharmacy contractors - after receiving a letter from the Department of Health setting out the management guidelines for the new PCTs.

One BMA source said there were

some doctors who were convinced that independent contractor status is doomed and GPs will follow the dentists and opticians out of the NHS and into private practice.

The development of private practice in primary care would have a profound impact on pharmacists' incomes. About 2 per cent of prescriptions dispensed each year are private prescriptions, and any shift in the total could reduce the amount pharmacists earn from dispensing on the NHS.

Other BMA leaders are convinced that there will be no exodus from the NHS in primary care. "The GPs own their own premises and there is a strong body of opinion that the Government could not buy them out," said the source.

The development of primary care 'one stop shops' in premises no longer

run or owned by individual GPs could hasten the end of contractor status, in spite of the ministerial denials. The review of pay in the NHS (C&D last week, p6), which will affect primary care trusts, could also chip away at the independence of GPs and pharmacists taking part in the new PCTs.

The growing alarm about the way that GPs are being driven towards central control inside PCTs has led to a hardening of opinion against the changes in primary care which are due to start on April 1, with the launch of PCGs. The BMA urged GPs to 'play the PCG game' only a few weeks ago, but this week Dr Chisholm expressed concern about the future role of GPs in primary care trusts. He complained the Health Bill gave the health secretary "unacceptably wide powers".

## £15m funding for four health projects in Scotland

The government is making available £15 million to fund four health demonstration projects in Scotland.

'Starting well' will focus on health promotion from conception through the first five years of childhood; 'Healthy respect' will foster responsible sexual behaviour among the youth; 'The heart of Scotland' will focus on preventing heart disease; and 'The cancer challenge' will introduce a screening programme for colorectal cancer and new measures to combat smoking.

The plans are outlined in 'Towards a healthier Scotland', a White Paper on health published last week by the Scottish Office. The aims of 'Starting well' include encouraging good nutrition before and during pregnancy, promoting oral hygiene by encouraging toothbrushing with fluoride toothpaste, and protecting the young from the effects of adult smoking. 'Healthy respect' aims to reduce the spread of sexually transmitted infections and to help avoid unplanned pregnancies.

With heart disease and cancer being leading priorities, 'The heart of Scotland' aims to promote non-smoking, eating for health, active living and a sensible approach to drinking alcohol. Health boards have been given £1 million in each of the next three years to introduce specialist smoking cessation clinics offering initial free supplies of NRT. Funding of the Scottish Diet Action Plan will increase to over £2 million over the next three years.

## BTC appoints managers to develop links with PCGs

Boots the Chemists has appointed 11 regional professional development

managers (RPDMs) to "help the company respond to local opportunities

and actively develop and deliver new primary care services".

The network of RPDMs will cover the whole UK and Ireland, although three more appointments, including one for Scotland, have still to be made.

The new appointees will be tasked with maintaining and improving professional practice in the regions, and will be responsible for the development of pharmacy business. They will also be ideally placed to further develop professional career pathways.

"Their role will be vital in taking forward the professional development of Boots pharmacists and formulating regional healthcare business plans," said superintendent, Digby Emson.

The appointments follow moves elsewhere in the pharmacy sector to develop professional services in community pharmacies. AAH is piloting its Community Health Services scheme (C&D last week, p4) and UniChem's Pharmacy Alliance is recruiting managers to provide support at local level.



**The 11 Boots regional professional development managers at their five day induction: back row (l-r) Roberta Tasker (Ireland); Adrian Kennedy (central and north London); Graham Fletcher (Home Counties); Dave Thompson; Phillip Yelling (South-west); Martin Crisp (South London); Ian Pearce (Yorkshire); Teresa Middleton; Stephen Pemberton (West Midlands); Gary White; Nigel Graham (Home Counties west); Paul John. Front row: Steve Eastham (East Midlands); Fiona Caplan-Dean (North-west); Digby Emson, pharmacy superintendent; Vanessa Taylor (Kent & south coast)**

## Gwent HA adds pharmacists to health groups

Gwent Health Authority has appointed pharmacists to the board of each of its five local health groups.

They are: Michael Williams, TH Prichard and Son, Abertillery (Blaenau Gwent); Katherine Linton, Superdrug (Caerphilly); Carol Palmer, Partside Pharmacy (Newport); Geoffrey Shackleton, H Shackleton and Co, Abergavenny (Monmouthshire); and Nuala Brennan, Boots the Chemists (Torfaen).

Mr Shackleton said plans are still at an early stage in his LHG. The first couple of meetings, which are held monthly, have been devoted to "setting in" and appointing officers.

A member of the local pharmaceutical committee, Mr Shackleton said: "I feel that, as pharmacists, we will have to be a lot more proactive in what we can offer the LHGs, rather than being reactive as we usually are. Our greatest advantage is our accessibility to GPs and the public, so we can liaise between the two."

His ideas for pharmacist involvement include methadone administration, a county-wide palliative care framework in which pharmacists would keep certain medicines and be on-call for emergencies, and screening patients taking cardiovascular medication for those who might benefit from low-dose aspirin.

## NPA says Nicotine gum proposals are 'nonsensical'

The National Pharmaceutical Association has called the criminalisation of nicotine gum sales to under 16s "nonsensical", in its response to proposals from the Medicines Control Agency.

Nicotine gum is a medicinal product and should be given treatment consistent with that of other medicines and not with that of cigarettes, argues the NPA.

The proposals would mean that sales of nicotine 2mg gum to under 16s are forbidden, but sales of other nicotine replacement therapies are not.

If NRT remains restricted to pharmacies, it will be unnecessary to ban sales to under 16s, argues the NPA, because pharmacists always ensure it is sold appropriately.

Making sales to under 16s illegal would be very difficult to implement in practice due to the difficulty of determining someone's age from their appearance, says the NPA.

# Branch observers to return to Council

Branch observers will be allowed back into Council meetings of the Royal Pharmaceutical Society from June.

A review of the format of Council meeting agendas is also taking place. This will "enable Council to reconsider important issues such as the reporting of Council meetings".

Society president Hemant Patel says branch observers will be invited to attend full meetings of Council as well as committees from June. Council meetings are to revert to a two day format at the same time.

The decision to open up meetings has arisen from provisions in the original plan to review, after six months, how the new structures are working, says Mr Patel. There has been pressure from members to put an end to the 'closed door policy'.

"The Council is determined that as much key policy debate as possible is in the public domain," says Mr Patel.

● In a separate move, the Society has launched a project to create better

access for members to headquarters services. A working party on links with the membership last June called for a more 'user friendly' service from Lambeth.

The project, co-ordinated by director of public affairs Beverly Parkin, will look at all aspects of membership access, including personal visits, telephone, fax and e-mail, how enquiries are handled and customer care. The findings and any recommendations will be put before June's Council meeting.

"We're starting with a close look at how we perform and at how other membership organisations manage contacts with members," says Ms Parkin.

Branches were invited to comment on last June's report, but further input from members would be welcome, she says. The initiative does not aim to criticise staff, but to consider in a constructive way, how the Society's systems might be enhanced.

## Ranbaxy recalls aspirin and diclofenac

Ranbaxy (Ireland) is recalling certain batches of its dispersible aspirin and diclofenac tablets 50mg.

All batches of aspirin dispersible tablets 75mg (PL 6809/0088) and 300mg (PL 6809/0087) in packs of 100 and 1,000 with batch numbers of 6480 or greater are being recalled. These tablets were manufactured in compliance with the monograph for effervescent tablets and may become unstable

due to ingress of moisture.

Diclofenac tablets 50mg (PL 6809/0147) batches 7694 and 7695, expiry date March 2000, are also being recalled due to a breakdown of the enteric coating.

Both recalls are class two, requiring action within 48 hours.

For further information contact Mr M G Willows or Mr N Nichol, Ranbaxy (Ireland) Ltd on 00 353 62 61206.

## Minister spells out trust plans

A typical primary care trust will have a budget of at least £60 million to commission healthcare for patients, health minister John Denham said this week.

He re-iterated plans to make more services available from one site "as GPs form partnerships with dentists, opticians and pharmacists".

Nearly 170 primary care groups had expressed interest in becoming PCTs, he said, but not all would have achieved this by April. "Some may choose to progress more slowly, but the level of interest is very encouraging."

In a letter to health authorities, NHS trusts and PCGs, he outlined the governing principles of PCTs. Their development would be based on local consensus and agreement. The trust executive, with a clear majority of health professionals, would take most of the day-to-day decisions and play a leading

role in formulating policy on priorities, service developments and investment plans.

The trust board, comprising mostly lay members but with a strong professional presence, would be responsible for the trust's overall performance and would need to work with the full executive on major issues. The trusts would be accountable to HAs for the overall performance of their board, and would have to publish annual accounts.

PCTs would be free-standing, legally established NHS bodies, able to make decisions on investment in primary care premises and to develop working partnerships with local authorities through joint commissioning arrangements. PCTs would also be able to provide personal medical and dental services under the Primary Care Act, or enter into local contracts to do so.

### IN BRIEF

#### Update on eczema

The address and phone number for the National Eczema Society is 163 Eversholt Street, London NW1 1BU (tel: 0171 388 4097). The helpline number is no longer operative.

#### Old Scottish scripts valid in Feb

Old style Scottish prescription forms submitted during February will be reimbursed, says the Scottish Pharmaceutical General Council. The cut-off date for the changeover to new forms has been amended to mid-February due to problems with printing and distribution.

#### Prochlorperazine now cat D

Prochlorperazine tablets 5mg 1,000 pack has been designated category D although this information is not in the February Drug Tariff, says the Pharmaceutical Services Negotiating Committee.

#### Scottish monthly statistics

There were 4,794,085 prescriptions dispensed in Scotland in October 1998, 4,784,667 by chemist contractors, of a total cost to the exchequer of £48,485,603. For chemist contractors, the ingredient cost per prescription was £9.1034, dispensing fees were £0.9488 with a professional allowance of £0.3451 and oncost of £0.0018. The gross total per prescription was £10.5265 or £9.9806 net. The average CD fees cost per prescription was £0.0623.

#### Discussion paper on NICE

The Government is consulting on a discussion paper, 'Faster access to modern treatment', which sets out proposals for the National Institute for Clinical Excellence's appraisal of treatments' cost-effectiveness. Until responses have been considered by ministers, no firm decisions will be taken on topics to be referred to NICE, or an precise appraisal methods.

#### NPRC moves to new premises

The Pharmaceutical Services Negotiating Committee's National Prescription Research Centre has a new address: PSNC, NPRC, 2nd Floor, Northside House, Maunt Pleasant, Cockfosters, Boreham. EN4 9EB. Telephone: 0181 441 8427. Fax: 0181 441 8429.

#### Minor illness guide in Bengali

A new quick reference guide to minor illnesses in Bengali is the eighth translated language version in the 'What should I do' series. It contains advice on ailments such as cough, diarrhoea and fever, as well as which medicines are useful to keep in the home. The leaflet retails at £0.90 and is available from Kirsty McGuire at RTFB publishing on 01703 229041.

## Ever heard of Wal-Mart?

How many UK retail pharmacists have heard of Wal-Mart? It's a name that rarely appears in the UK pharmaceutical trade press and has historically justified only occasional features in the grocery trade journals. Even the *FT* coverage has usually been limited to single column features on America's largest grocery retailer.

All that has changed in the past few years as Wal-Mart's continued growth in the US and international expansion has resulted in the company becoming the world's largest retail organisation.

Last week Wal-Mart posted its 1998 financial results. They make impressive reading, with world sales up by 17 per cent to \$137bn and a 26 per cent rise in annual net income to a record \$4.43bn. The most spectacular results came from Wal-Mart's international division (which includes Europe) where sales increased by 63 per cent to \$12.247bn and profit by over 100 per cent to \$551m.

**"The arrival of Wal-Mart would intensify retail competition and could instigate a price war that could transform the UK retail market"**

So far Wal-Mart's presence in Europe is limited to Germany, where the company acquired 74 Interspar stores in December 1998. Despite denials, there is widespread speculation that Wal-Mart plans a major expansion in Europe, with UK retailers Asda and MFI among its primary targets.

So how would this affect retail pharmacy in the UK? Despite a high cost retail environment, Boots and the UK grocery chains have net margins that are the envy of retailers across the world. By comparison, Wal-Mart's retailing skills have been developed in the low margin environment of the US.

The arrival of Wal-Mart onto the UK retail scene would intensify retail competition and almost certainly instigate a price war that could transform the UK retail market for all time.

*Written by a senior industry manager.*

# Xrayser

## Topical Reflections

## Who needs NICE when you have a pharmacist?

The first patient pack aimed specifically at the eradication of *Helicobacter Pylori* has just been launched by Wyeth and Abbott Laboratories under the brand name Heliclear. I like the concept (*C&D Script Specials*, February 20).

However, I am less keen at the thought of other competing combinations being launched. A single treatment pack priced at £38.64 is an acceptable stock level, but multiply this three- or four-fold for rarely requested competing products and my support for the concept would rapidly dwindle!

So here is an immediate task for pharmacist members of primary care groups: to advise on a problem common to both pharmacists and doctors, where a rational prescribing policy could assist drug budgets, pharmacist stock levels and improve patient care.

The opportunity is there, as pharmacists could also play a vital role in a co-ordinated *H Pylori* eradication programme ensuring concordance, monitoring compliance and measuring effectiveness. But with no central direction, only the most forward looking PCGs will grasp the chance to involve community pharmacists, unless pharmacists themselves are successful in selling their expertise.

The remainder will offer no guidance to their constituent practices and the present mish-mash of individual medical preferences will ensure a continuing waste of scarce resources - known as clinical freedom!

## When it can pay to be discreet ...

Motilium has been a P medicine for many months and I am finding that its sales are steadily rising. This is partly by my recommendation, but also from repeat purchasing by satisfied customers.

Johnson & Johnson MSD has always maintained it will not advertise Motilium 10 direct to the public until both pharmacists and staff are fully conversant with its indications and counselling requirements. I applaud



this decision, but would go further and suggest that it might make economic sense for J&J MSD to leave the promotion of Motilium to pharmacists.

When other drugs have been switched from 'POM to P' massive advertising spends have often not resulted in the expected return. Sometimes community pharmacists have been accused of 'preventing' sales by their conscientious approach to counselling, and this has resulted in pressure by manufacturers to apply for GSL deregulation in order to recoup their investment.

My slow but steady increase in sales of Motilium 10 is profitable for J&J MSD because it involves very little promotional expenditure and also no confrontational problems of inappropriate use. The customer appreciates the recommendation of an effective drug, and confidently returns to the pharmacy for repeat sales and future counselling for other ailments.

A drug firmly established on the bedrock of effectiveness and professional recommendation will continue to grow, while that which is sold into the mass market by heavy advertising often fails owing to unrealistic expectations.

The long-term mutual success of some P medicines might be better achieved by the industry relying more on the pharmacist's recommendation and less on the unsustainable sales from massive advertising campaigns.

## What's the matter with ye olde shopping bag?

One of my regular customers always brings in her old wicker shopping basket when collecting her husband's prescription. I load all the boxes of nebulas and dressings into this capacious hold-all and she is happy.

Meanwhile, most other customers expect that I put a single packet of throat pastilles in a bag and then demand a carrier bag for all their other purchases made elsewhere!

The problem of excessive packaging is on the increase and has now reached the absurd situation where Lancashire trading standards officers are threatening to fine some manufacturers for exceeding the regulatory packaging requirements (*C&D Business News*, February 20).

Under-filled containers designed to mislead the consumer are a primary target but I would also like to see the legislation extended directly to the consumer to give me the backing of the full force of the law when I refuse to supply an unnecessary carrier bag!

We live in a wasteful society where environmental recycling has become a buzz word. Would it not be better if we did not waste in the first place and, as a start, reintroduced the shopping bag?

Kleenex  
**HUGGIES**  
NAPPY'S COUCHES LUIERS WINDELN



## Our Small Pack....



## ....packs a BIG profit opportunity

### Ideal for the Pharmacy with space constraints.....

- Huggies Small Pack offers an excellent rate of sale and delivers attractive margins.
- Huggies Small Pack also provides the opportunity to stock a comprehensive range of nappies with minimum space allocation - **only 87 cm space!**

### The Best Ever Huggies.....

- Now, Huggies have an improved cotton feel, all-over breathable cover to help keep babies' bottoms dry and naturally healthy.
- And what's more, they are the most absorbent Huggies ever!!

### And, Huggies Marketing Support....

- A massive marketing package to include TV advertising and exclusive price marked pack promotions on Huggies Small Pack.

**Limited Offer!**  
**£2.99 price marked packs.**  
**Ask your chemist wholesaler NOW!**

# Counterpoints

## A golden opportunity without the sun

Novartis Consumer Health is launching a new sunless tanning product in its Piz Buin range.

Jet Bronzer Sunless Tanning Body Spray is formulated to create glowing, natural looking colour without sun exposure.

The resulting colour is designed to last for up to five days and will fade gradually in the same way as a tan obtained from the sun.

Featuring an easy-to-use pump action spray, the product is formulated to be absorbed in ten minutes. Ingredients include dihydroxyacetone (DHA) and hydro-lipidic complex to moisturise the skin.

Retail price is £10.49 for a 100ml bottle.

**Novartis Consumer Health.**  
**Tel: 01403 210211.**



## Colour 'n' care for the lips

Laboratoires Garnier will be introducing a new Maybelline range of moisturising lipsticks in April.

Maybelline Moisture Whip Lipsticks are formulated with 40 per cent moisturisers to protect the lips. Ingredients include jojoba oil, provitamin A, vitamin E and aloe.

The range comprises 29 shades presented in a pearlescent burgundy case. Retail price is £4.39.

**Laboratoires Garnier.**  
**Tel: 0171 937 5454.**

## Immac innovates in expanding hair removal market

Reckitt and Colman is launching two innovative products into its Immac depilatory range in a market which grew last year to over £25 million.

New Immac Hair Removal Gel-Cream, which comes in a pump action dispenser, is light in texture with a delicate fragrance. The gel-cream contains 'beads' of moisturising jojoba which helps ensure the skin feels smooth.

The pump action allows the product to be applied easily to the skin, using only one hand. Retail price is £5.69 for a 150ml pump action pack with spatula.

Immac Skincare for Ingrowing Hairs is a new moisturising cream to help prevent ingrowing hairs and the unsightly spots and itchiness caused by them.

The product is formulated with an AHA ingredient to prevent the skin from growing over the hair follicle. It also contains Triclosan, a mild antibacterial agent, to prevent infection



in the hair follicle.

The formula has been clinically tested on both the legs and the bikini line. Retail price is £5.69 for a 150ml tube.

To generate trial of this product

among wax users, a sampling programme will involve sachets of the cream being placed in the Immac Warm Wax 125ml skillet.

● Reckitt & Colman is also relaunching its Immac Sensitive Cream with an improved formula. The relaunched product is called Immac Sensitive Plus Hair Removal Cream.

The cream is formulated to be as efficient at removing hair as the previous formula, while causing less irritation to sensitive skin. It comes in 100ml and 150ml sizes, retailing at £4.55 and £5.69 respectively.

The new formula is also used in the brand's underarm product being relaunched as Immac Sensitive Plus Underarm Stick (40ml, £3.99).

The Immac range is being supported by a £1.4 million advertising campaign this year. It will feature two TV commercials targeted at female viewers aged 16-34.

**Reckitt & Colman Products.**  
**Tel: 01482 326151.**

## Panama Jack goes on UK expedition

Sunworld Products has introduced the Panama Jack Expedition Strong suncare range in the UK.

First developed for the use of lifeguards on the hot and windy Florida beaches, the range has been available in the US for the past 25 years.

The lotions contain UVA/UVB protection with a blend of aloe and vitamins. They come in SPF 15, 30 and 45, with retail prices of £7.99, £9.49 and £8.99 respectively for 237ml.

To celebrate the 25th anniversary of the range, a special trade deal is being introduced for pharmacies. The deal offers the first two Panama Jack suncare products ever made - Pure Aloe After Sun Moisturiser and Suntan Lotion Classic Blend SPF4 - at their original 1974 UK equivalent prices.

**Sunworld Products Ltd.**  
**Tel: 01753 889444.**

## It's a stick up from Revlon

Revlon is launching a new moisturising foundation in a stick format.

Moisturestay Moisturiser & Foundation Stick contains casein (milk protein), carageenan (a plant derivative), vitamins A, C and E, and has an SPF of 15.

The water-gel-based formulation liquefies upon contact with the skin to feel cool and refreshing.

Available in eight shades, it gives sheer to light, natural-looking coverage.

Retail price is £11.50.  
**Revlon International Corporation.**  
**Tel: 0171 629 7400.**



## Pond's cleans up all over the face

Elida Fabergé is extending its range of Pond's Clear Pore Nose Strips with Clear Pore Assorted Strips.

The assorted pack contains 12 pore cleansing strips to clean clogged pores and blackheads anywhere on the face. It includes six nose strips, three forehead strips and three chin and cheek strips.

The pack will be introduced with a national half price trial offer of £4.99 for 12 instead of the normal rrp of £9.99.

Pond's Clear Pore Strips will be supported by a £2.1 million TV and press advertising package this year.  
**Elida Fabergé.**  
**Tel: 0181 481 6000.**

## A breath of refreshing air



Aromatherapy Products is launching a new holistic blend for inhalation to ease the discomfort associated with coughs and colds.

Tisserand Aromatherapy Clear Breathe Concentrate is a refreshing combination of pure essential oils, including red myrtle, black spruce, eucalyptus and peppermint.

The product can be added to a bowl of hot water and inhaled normally for ten minutes with occasional deep breaths. It can also be added to an electrical vaporiser for overnight aid.

Retail price is £4.99 for a 9ml bottle.

**Aromatherapy Products Ltd,**  
Tel: 01273 325666.

## Capsules claim to tackle cellulite



Cellasene, herbal capsules which the company claims "help maintain smooth legs" by "fighting cellulite from within", is being introduced to the UK by Peter Black Healthcare.

The unlicensed product contains gamma-linolenic acid, Lipovascolen prep, gelatine, fish oil, glycerol, soya oil, lecithin, fatty acids and iron oxide.

The company says the herbs in Cellasene have been chosen for "their ability to support the capillary network [in] all the tissues in the body, including subcutaneous fat".

Cellasene is being distributed in the UK by Oakwood Health.

**Oakwood Health,**  
Tel: 01892 554300.

# First aid dressings to help natural healing

Advanced Medical Solutions is launching a new range of first aid dressings which contribute to the natural healing process.

Activheal dressings are designed to control the moisture level, breathing and temperature of a wound by altering the air flow according to the severity of the injury.

A combination of hi-tech

polymers and natural products such as alginate - a seaweed derivative - prevent the formation of a scab, thus reducing the risk of an unsightly scar.

Individually designed to suit specific minor injuries, the range includes film dressings, alginate dressings, skin closures and film dressings, hydrocolloid dressings and blister pads with added tea tree oil.

The dressings are flexible, waterproof and pain-free to remove. They should remain in place for four to seven days.

Retail price is £3.49 for a pack of five.

**Advanced Medical Solutions Group plc.**  
Tel: 01606 863500.



## Mr Happy soothes kids' bruises

Oscar & Dehn has launched a fun gel pack to soothe children's bumps, bruises and minor aches.

The bright yellow gel pack is designed in the shape of Mr Men storybook character Mr Happy.

If chilled, the product can ease discomfort from bruises,

sprains, insect bites, headaches and sunburn. It can be used warm to soothe aches and stiffness where there is no swelling.

Retail price for the pack is £5.95.

**Oscar & Dehn Ltd.**  
Tel: 0171 267 6110.

### ON TV NEXT WEEK

**Carex:** All areas

**Equilon & Equilon Herbal:** C, Sat

**Kwai Garlic:** G, Y, HTV, M, TT, C4, TSW

**Motilium 10:** C, U

**Movelat Relief:** B, G, Y, M, C4

**Nicorette:** All areas

**Nizoral dandruff shampoo:** U

**Oilatum bath formula:** C, M, CAR

**Oilatum Junior:** C, M, CAR

**Poli-Grip:** All areas except GMTV

**Radian B:** All areas except GTV, U, STV, CTV, LWT, CAR

**Regaine extra strength:** Sat

**Shockwaves:** All areas

**Sinex:** B, G, C

**Vaporsyrup:** G, C, HTV, M, CAR, TT, TSW

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

# Tixymol

Specially made for children

**Colour Free**  
**Sugar Free**  
**Strawberry Flavour**

**From 3 months**  
**to 6 years**

**Suitable for:**  
**Headache,**  
**Toothache,**  
**Teething,**  
**Feverishness,**  
**Colds,**  
**Influenza**

**£2 million**  
**National TV Campaign**

**Available in 100ml**  
**and 150ml sizes**

### Product Information

**Presentation:** Sugar-free, colour-free strawberry flavoured oral suspension containing Paracetamol Ph Eur 120 mg per 5 ml.

**Indications:** To relieve pain and reduce fever in many conditions including headache, toothache, teething, feverishness, colds and influenza.

**Dosage:** Babies 3 months to 1 year: 2.5 to 5 ml; children 1 to 6 years: 5 to 10 ml. Repeat up to 3 or 4 times in 24 hours if required; not more frequently than every 4 hours. Do not give to children under 3 months. CI: Hypersensitivity to paracetamol or other constituent.

**Precautions:** Severe renal or hepatic impairment. SE: Rare. Hypersensitivity including skin rash. Blood disorders very rarely reported in people who have taken paracetamol but link not established.

**Legal category:** P

Retail price: 100 ml: £2.15; 150 ml: £3.15  
PL No: PL 0030/0143.

PL Holder: Novartis Consumer Health, Horsham, RH12 5AB.

Date of preparation:  
October 1999

Finally – an alternative in  
pain and fever relief from  
the makers of Tixylix



(Sorry it took so long)

At last there's a pharmacy only, paracetamol pain and fever relieving syrup from the makers of Tixylix - new Tixymol.

It's specially made for children, with a taste they like. It's also colour free and sugar free – and we know that's important to Mums.

To make sure Mums know it's here, we're spending **over £2 million on national TV advertising support.**

So have new Tixymol ready and waiting - and maximise sales with an alternative they trust.

**Tixymol**  
Paracetamol

**Specially made for children**



NOVARTIS

## Quick test for relaunched Clearplan

Unipath is relaunching its Clearplan home ovulation test to provide women with a faster result.

The improved test is designed to give a result in three minutes. In

addition, the blue result lines have been made darker and sharper to give a clearer answer.

A more 'feminine' test stick has also been introduced to make the test easier to read and use. Each pack contains five disposable urine test sticks for use on consecutive days during a woman's cycle to determine the best two days to conceive.

The product has new packaging to clearly show the product's benefits. To support the relaunch, a new range of eye-catching display material has been produced for use in the pharmacy.

Retail price is £19.95.

**Unipath Ltd.**  
Tel: 0800 267448.



## Hands up for Carex ad campaign

Cussons is supporting its Carex Hand Lotion with a £2 million TV advertising campaign.

The 'school teacher' commercial extends the Carex 'real lives' theme created last year for 'fireman' and 'chef'.

The new commercial follows a junior school teacher through her busy working day.

No matter what happens, her hands are moisturised and 'germ protected' with the brand's antibacterial system for up to eight hours.

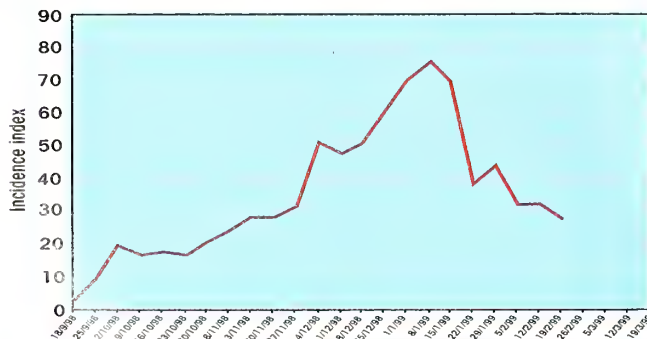
The TV campaign will be on air nationally during the first two weeks of March.

**Cussons (UK) Ltd.**  
Tel: 0161 491 8000.

## Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	Advisory	3 weeks	27.5
Bristol	Advisory	2 weeks	23.1
Glasgow	Advisory	2 weeks	30.6
Leeds	Advisory	4 weeks	10.7
London	Advisory	3 weeks	30.4
Manchester	Advisory	2 weeks	16.5
Newcastle	Advisory	3 weeks	17.4
Norwich	Advisory	4 weeks	12.4



SPONSORED BY



MARKET STATUS

**ADVISORY**  
(week 3)

## Smooth talk from Nair

Carter-Wallace is relaunching its Nair range of depilatory creams and lotions.

The packaging now features the strapline 'Smoothtouch' to communicate the brand's gentle, non-abrasive exfoliation benefits.

To coincide with the relaunch, the company has introduced a special prepacked PoS display unit



with a pre-sell deal which includes 24 free twin sachets of lotion.

The unit contains 12 units of Nair Moisturising Remover (for coarse/dark hair), six units of 3 in 1 Gel (for all hair types) and six units of Glide-On (for all hair types) each at the special rsp of £3.49.

The offer is available in March.

**Carter Wallace Ltd.**  
Tel: 01303 850661.

## Taking daily medication on time

Bradley Enterprises is introducing a new device to help people to remember to take their daily medication or vitamins.

Medi-cue is an easy-to-use, adjustable reminder device designed to hold all sizes of prescription vials or OTC pharmacy bottles, along with a toothbrush.

The idea is that by placing the

medicine next to a toothbrush, medication taking becomes associated with the familiar tooth brushing routine.

The device works best with medications that need to be taken once or twice a day.

Retail price is £3.99.

**Bradley Enterprises.**  
Tel: 01740 644006.

## Added strength for Brushtox cleanser

Dentox has improved its Brushtox Antiseptic Toothbrush Cleanser with a stronger formula.

The product contains a biocide to kill a greater range of pathogens. According to Dentox, laboratory tests show that the new formula is 'virtually 100 per cent effective' against *Staphylococcus aureus*, *Pseudomonas aeruginosa* and *Salmonella choleraesuis*, together with the pathogenic fungi *Candida albicans* and *Trichophyton mentagrophytes*.

Brushtox is indicated for acute oral infections, eg acute ulcerative gingivitis, active periodontal disease, herpes infections and herpes simplex, mouth ulcers and oral thrush. It is also indicated for upper respiratory tract infections and cases where antibiotics have been prescribed.

Retail price is £3.29 for a 100ml pump spray bottle.

**Ceuta Healthcare.**  
Tel: 01202 780558.

### IN BRIEF

#### Under your nose

Warner Lambert has produced a Sudafed booklet entitled 'Knowing your nose' for customers who are suffering from congestion. Free booklets can be obtained from Sudafed Booklets, Bureau for Stuffiness, 37 Soho Square, London W1V 5DG.

**Warner Lambert Consumer Healthcare.**  
Tel: 01703 641400.

#### Child benefit

Crookes Healthcare is supporting Nurofen for Children Sugar Free with a £1 million campaign targeted at mothers with children under four.

**Crookes Healthcare Ltd.**  
Tel: 0115 953 9922.

#### Look of the future

Wella is launching a Shaders & Toners nationwide search for 'The Look of the Future'. The competition will give young hopefuls the chance to win a modelling contract and to appear on the colorant's packaging.

**Wella Great Britain.**  
Tel: 01256 320202.

# PREScribe TO A BETTER SERVICE



At TRIDENT Pharmaceuticals we know in this competitive market a lot of your valuable time is taken up looking around the many suppliers for the best prices.

That's why our buyers are respected as the toughest in the business. They are continually sourcing the products our current customers require at the most competitive prices in the market.

In addition, Trident produce weekly promotional offers and reward our customers loyalty with bonus schemes and discount packages designed to encourage a close and long lasting business relationship.

*We have listed a few of the current products on offer until 5th March for your information:*

ATENOLOL TABLETS 25mg 28's	-	£0.45	ISOSORBIDE MONONITRATE SR TABLETS 60mg 28's	-	£5.05
BUMETANIDE TABLETS 1mg 28's	-	£1.00	SALBUTAMOL INHALER	-	£1.12
CO-DANTHRAMER SUSPENSION 300ml	-	£9.30	P.I. COVERSIL TABLETS 4mg 30's	-	£10.78
DOTHIEPIN TABLETS 75mg 28's	-	£0.97	P.I. COZAAR TABLETS 50mg 28's	-	£14.80

## TRIDENT

PHARMACEUTICALS

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Trident Freephone No: 0800 614272      Trident Fax No: 01782 774015

# Script specials



## Pro-Epanutin for parenteral use

Pro-Epanutin Concentrate for injection containing fosphenytoin sodium, a phenytoin pro-drug, is now available from AAH.

Makers Parke Davis says that when parenteral administration of phenytoin is required Pro-Epanutin offers several advantages. It is freely water soluble and can be infused intra-

venously at rates up to three times faster than IV phenytoin.

It is better tolerated than parenteral phenytoin at administration sites and can be administered intramuscularly to give rapid and reliable plasma levels. Given by this route cardiac monitoring is not required.

Pro-eplanutin should be dispensed

in mg PE (phenytoin sodium equivalents 1mg PE is equivalent to 1mg phenytoin). Each vial contains 10mls of a 50mg PE solution of fosphenytoin sodium. Vials should be stored in the fridge. Boxes of ten vials have a basic NHS price of £400.

**Parke Davis & Co Ltd. Tel: 01703 620500.**

### MEDICAL MATTERS

## Intermittent treatment is effective in GORD

Intermittent antisecretory drug treatment managed symptomatic gastro-oesophageal reflux disease effectively for half the patients in a study published in the *British Medical Journal*.

Maintenance therapy is the most widely recommended treatment for long-term management of GORD. In practice intermittent therapy is often used, but until this study, its effectiveness had not been formally assessed.

The study, over a 12 month period, looked at 677 patients with GORD and normal endoscopy results or mild erosive changes. They were given omeprazole 10mg or 20mg daily, or ranitidine 150mg twice daily for two weeks. Patients remaining symptomatic had their omeprazole 10mg or ranitidine dose doubled for another two weeks. Symptomatic patients were followed up for 12 months.

About half the patients did not require treatment for at least six of the 12 months - this figure was similar in all three groups. In the intermittent treatment phase 93 per cent had three or fewer relapses. Those who responded quickly to initial treatment were more likely to have a better long-term outcome.

Omeprazole 20mg provided the fastest relief of heartburn. It was more effective than ranitidine at week two, with 55 per cent of patients symptomless on the 20mg dose and 40 per cent with the 10mg dose, compared to 26 per cent on ranitidine. Results indicate that starting intermittent treatment with omeprazole 20mg is more cost-effective than a dose titration approach with either omeprazole 10mg or ranitidine 150mg twice daily.

## Captopril as a preventer

Captopril has a similar effect to conventional antihypertensives in preventing cardiovascular morbidity and mortality, according to a trial reported in *The Lancet*.

The captopril prevention project (CAPP), carried out in Sweden and Finland, involved nearly 11,000 patients aged 25-66 with a diastolic pressure of 100mmHg or more. They were randomly assigned captopril, up to 100mg daily, or conventional antihypertensives such as diuretics and beta-blockers.

The risk of a major cardiovascular event during a mean follow-up of six years did not differ between the two groups, after adjusting for baseline differences. In the captopril group, the risk of stroke was marginally higher,

but the number of fatal strokes did not differ significantly between the two groups. Significantly fewer patients taking captopril developed diabetes, and the frequency of cardiac events and total mortality were also lower in patients with existing diabetes.

The two treatment regimens had virtually the same effect on blood pressure, although blood pressure measurements were slightly, but significantly, higher in the captopril group throughout the study. The researchers suggest that the difference in stroke risk was probably due to the lower levels of blood pressure obtained initially in previously treated patients taking conventional therapy. Recent studies have shown that both therapies have the same total treatment cost.

## Feedback has no effect on prescribing

Feedback to GPs on their prescribing habits has no effect on subsequent prescribing rates, according to a study in last week's *British Medical Journal*.

The Australian study involved 2,440 rural GPs divided into two groups. One group received two sets of graphical displays, six months apart, of prescribing rates relative to their peers'. With the first set of data was a newsletter on general prescribing issues. The second set of data, which included an additional six months of prescribing information, was accompanied by a newsletter focusing on antibiotic prescribing. The control group received no prescribing information.

Five main drug groups were studied - angiotensin converting enzyme inhibitors, lipid lowering drugs, histamine H2 receptor antagonists, non-

steroidal anti-inflammatory drugs, and oral antibiotics.

The study revealed no significant difference in prescribing habits for the two groups. It was concluded that centralised, government sponsored feedback based on aggregate data is not worthwhile. There were several suggested reasons for the feedback's ineffectiveness:

- it was not close enough to time of prescribing and was seen to come from a national agency
- there was no opportunity for discussion or suggested alternative drugs
- no incentives were offered to prescribers for changing their habits.

Prompt detailed feedback of individualised data in a clinical setting with an educational programme may prove effective, believe the researchers.

### IN BRIEF

#### Ethical and Genus inquiries

All medical queries relating to products from Ethical Generics and Genus Pharmaceuticals should be made to the medical information line on 01635 568444.

#### Green, sugar-free methadone

Rasemant has launched Green Methadone 1mg/1ml Sugar Free. It is presented in 30, 50, 100 and 500ml bottles (basic NHS price £7.59 per 500ml). The preparation is licensed for use in the treatment of opioid drug addictions and also as an analgesic for moderate to severe pain. The formulation is the same as the brown solution, with the exception of an additional colouring agent. **Rasemant Pharmaceutical. Tel: 0113 244 1999.**

#### Generic GLA from Norton

The first licensed generic gamalenic acid capsules, indicated for the treatment of atopic eczema, are available from Norton. Pharmacists can only dispense a licensed product against scripts for GLA. Each capsule contains 500mg evening primrose oil of which 40mg is GLA. Bottles of 240 capsules are £24.41.

**Norton Healthcare. Tel: 08705 020304.**

#### Tritace in 10mg strength

Haechst has extended its Tritace (ramipril) range with a 10mg capsule (28, basic NHS price £13). **Haechst Marian Raussel Ltd. Tel: 01895 834343.**

#### Cox Beclazone Inhalers

Cox has launched beclazone Inhalers 50mcg, 100mcg and 200mcg in 200 metered dose aerosols. These are beige pressurised inhalers in Norton livery (basic NHS price £4.34). **Cox Pharmaceuticals. Tel: 01271 311200.**

#### Pipril and Tazocin stocks

Wyeth advises that additional stocks of Tazocin are now available and the supply situation has improved. While the company is out of stock of Pipril injection 2mg, AAH and UniChem have adequate stocks and customers should continue with their usual ordering patterns. For any further concerns, contact the customer services line on 01628 414941.



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At a time when our customers' needs are ever-changing, UniChem is committed to bringing you the very best service. Considerable investment is made to ensure that our standards remain unrivalled.

Advanced computer ordering systems, automated picking in our branches, the launch of our Intranet service and innovative marketing schemes such as the Community Pharmacy Initiative are all striking examples of our efforts to support independent pharmacy.

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**UniChem**  
  
*Delivering Healthcare*

# A little knowledge

In these days of high speed informatics, what are the implications for healthcare? A nurse, a pharmacist, a GP and a consumer debate the issues, reports **Charles Gladwin**

**T**he 20th century has seen some striking advances. Standards of living have improved beyond imagination through technological innovation.

But with this has come a greater public expectation of bigger, better and faster availability of the new technologies.

A case in point is healthcare. An apocryphal tale concerns the patient visiting the GP in the morning and being referred to the consultant at the hospital later that day. The patient then uses the internet to obtain a second opinion from a consultant in the US that afternoon, and thereby upsets the consultant in the UK.

## Problem public

One problem facing healthcare may come from those members of the public who are articulate and well educated. "If we are diagnosed with something in the morning, we will know more about it than the average GP before we see the GP in the afternoon," believes Sheila McKechnie, director of the Consumers' Association. "This is fundamentally going to change the doctor-patient partnership." In the future, doctors may be involved much more in diagnostic work, but in terms of treatment it is going to be more of a partnership. In addition it could see a whole new range of healthcare professionals taking over the treatment after the doctor has diagnosed.

However, a bigger problem comes for the 'information poor' as accessibility to information technology could exacerbate health inequalities. As such, the implications

**"There may still be a tendency to believe that the public is incapable of understanding risk analysis"**

for the health professions are significant, she argues. "The whole medical hierarchy is profoundly paternalistic, but we live in a profoundly unpaternalistic age. The information revolution cannot be stopped, but the quality of information out there is very variable. People's ability to make judgements about it, to sift it and to engage with it, is very limited."

In particular, this will impact on the pharmaceutical industry as there is an "enormous pressure" on it to improve

the quality of information and to ensure the accuracy of claims both for information available over the counter and in any other way available to the consumer.

A further problem is standardising information. Sheila Kelly, Proprietary Association of Great Britain director, who is also a pharmacist, asks how should information be tailored to meet people's needs as the population is not homogeneous. She sees the role of industry as trying to match the gap between the

information provided within a medicine's leaflet/label and the interface the patient/consumer chooses, such as the internet.

One of the areas to consider is adverse effects. The industry is required to inform the Medicines Control Agency of all adverse effects which are then transferred onto the patient information leaflet and product label. As such, it can raise unnecessary concern among the consumer. One possible way round this would be to put the actual incidence or risk in figures, but that could still be meaningless if they are not in the right context. Ms Kelly says this is a problem the industry is struggling with, but events such as the egg and beef food scares are making people more aware of the scale of risk.

## Consumer ability

It is important, therefore, to consider the nature of information and how it is to be transmitted, argues Dr Simon Fradd of the Doctor Patient Partnership. He warns that we should not underestimate the consumer's abilities, although there may still be a tendency to believe that the public is incapable of understanding risk analysis. "Our role is to help people with the figures," he says. "We have this dreadful tendency to talk up the bad parts, but we never hear that we are a healthier society than ever before."

Royal College of Nursing general secretary Christine Hancock agrees: "We know much more about the limits as well as the triumphs of health information." Soon, she suggests, "patients may not so much ask 'can you cure me?' but 'what are my options?'."

Giving out information does not simply mean providing an information leaflet, she argues. One-to-one contact with patients is very important and is at the heart of healthcare, but it is not



Guy Prebble

# Nothing reduces fever further...



## acts faster...



## or lasts longer...

**New Nurofen  
for Children  
contains  
Ibuprofen  
which works  
fast on fevers,  
acting within  
30 minutes<sup>1,2</sup>  
and lasting  
for up to  
8 hours.<sup>1,4</sup>**

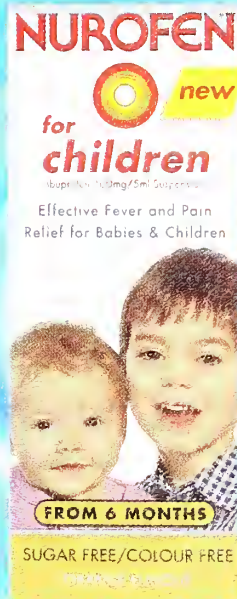
Nurofen for Children is a new formulation of Junifen and offers fast, effective pain and fever relief.<sup>1,4,6</sup> Pleasantly orange-flavoured and with Nurofen's reassuring safety profile,<sup>7,8</sup> it is suitable for a range of indications in babies and children from 6 months upwards.<sup>9</sup> Sound reasons to recommend Nurofen for Children.

**new**

## The logical choice

**PRODUCT INFORMATION: NUROFEN FOR CHILDREN.** Oral suspension containing: ibuprofen 100mg/5ml. Also contains: Citric acid, Sodium Citrate, Sodium Chloride, Sodium saccharin, Domiphen bromide, Purified water, Polysorbate 80, Maltitol syrup, Xanthan gum, Orange flavour, Glycerine. **Indications:** Prescription only - For symptomatic treatment of Juvenile Rheumatoid Arthritis. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever. The daily dosage of Nurofen for Children is 20-30 mg/kg body weight in divided doses. This can be achieved as follows: Infants 6-12 months. One 2.5 ml spoonful may be taken 3 times in 24 hours. Children 1-2 years. One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 3-7 years. One 5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 8-12 years. Two 5 ml spoonfuls may be taken 3 to 4 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis. The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia. One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only. **Precautions and Warnings:** If symptoms persist for more than three days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children. Nurofen for Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also rashes, and very rarely thrombocytopenia have been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085. **Licence Holder and Manufacturer:** Crookes Healthcare Limited NG2 3AA. **Legal Category:** POM and P. **Price:** £3.05. **Date:** March 1998. **References:** 1. Watson PD, Galletta G, Braden NJ *et al*. Clin Pharmacol Ther 1989; **46**: 9-17. 2. Sidler J, Frey B, Baerlocher K, Br J Clin Pract 1990; **44** (Suppl 70): 22-5. 3. Kautmann RE, Sawyer LA and Schienbaum ML. AJDC 1992; **146**: 622-5. 4. Nahata MC, Powell DA, Durrell DE. Int J Clin Pharmacol Ther Toxicol 1992; **30** (3): 94-96. 5. Schachtel BP, Thoden WR. Pediatr Res 1991; **29** (4 part 2): 124a. 6. Berlin L, Pons G, Duhamel JF *et al*. Fundam Clin Pharmacol 1991; **5** (5): 409-7. 7. Lesko SM and Mitchell AA. JAMA 1995; **273** (12): 929-33. 8. McIntyre J and Hult D. Arch Dis Childhood 1996; **74**: 164-7. 9. Nurofen for Children summary of Product Characteristics. \*than ibuprofen

**CROOKES  
HEALTHCARE**



Contains Ibuprofen

→ Continued from P16

the only way. People want to access information in a variety of ways and locations, such as while they are at work. Ten years from now, she proposes, NHS Direct - the nurse-led health information and triage service - could be the way most patients make first contact with the NHS. In the meantime, the health professions need to forge a new relationship with the public so that they will know when to give information, how to access better information and above all commit themselves to using more simple language.

Informing the public is also becoming increasingly difficult. Besides the lack of regulation of information on the internet, there is a problem with trusting information even from official sources. Product licences need only be reviewed every five years - the British National Formulary is printed every six months. As electronic data can be updated by the minute it may not concur with the printed version. As such, there is a likelihood the patient may become confused and will not know which source to trust.

"Information is an exchange and the essential element of a relationship in this field is trust," says Ms McKechnie. In the past, this is what the medical ethic or caring ethic has been based on. But now that lack of

trust is impacting on knowledge leading to a mistrust of information or an exaggeration of claims.

Dr Fradd also questions the validity of some of the information the public is accessing as there is no quality control. "One of the roles of NICE [the National Institute for Clinical Excellence] should be to set up its own web site where the information quality can be controlled, validated and made clear. The public has a right to know that they are accessing information that has been analysed and reviewed."

Risk assessment and risk perception varies enormously due to social circumstance, adds Ms McKechnie.

Trust depends on whether that risk is being forced or inflicted on a patient or whether the patient has chosen to take the risk.

Building trust could be difficult, with a GP consultation only lasting about seven minutes. Over the years, however, a relationship does build, argues Dr Fradd, which "we throw out at our peril". Human interaction will remain important, as "there are things that health professionals provide that go beyond the simple diagnosis and issuing of a prescription".

A further example of the importance of having the human interface is seen with NHS Direct. One of its roles is to direct people to the right source of information - to do some of the 'information-filtering' process on the patient's behalf.

A critical factor will be the speed with which the interfaces are developed. And this will also have to take into account the different age groups. "People over 50 are going to find this information world very difficult," says Ms McKechnie. "But the youngsters coming along will be more familiar at getting information from a variety of sources."

**"Youngsters coming along will be more familiar at getting information from a variety of sources"**

A point has been made that there are still demarcation lines both inter-professionally, and between the professions and the public. These demarcation lines have been built around the adage that information is power. However, this has got to break down, argues

a patient representative. "Information is not the same as being informed." *The points were made in a debate, 'Can information damage your health?', held at the Houses of Parliament at the end of 1998. It was chaired by Dr Howard Stoute MP on behalf of the Proprietary Association of Great Britain.*

## Q &amp; A

NAME

Age if under  
12 years  
yrs. mths.

Address

Pharmacy Stamp

Pharmacist's pack & quantity endorsement	No. of days treatment N.B. Ensure dose is stated		NP	Pricing Office use only
	<b>Tabs Atenolol 25mg</b>  <b>x120</b>			
28's £1.20 out of pocket expenses				
Signature of Doctor		Date		

**With patient packs all the rage, how do you cope with prescriptions written by GPs who have not caught up with the times? The Pharmaceutical Services Negotiating Committee answers your queries**

**Questions**

- 1 How many Atenolol tabs 25mg would be reimbursed?
- 2 Would the out of pocket expenses claim be allowed?

**Answers**

- 1 126, ie the nearest sub-pack to the quantity ordered.
- 2 No. Out of pocket expenses may not be claimed for Drug Tariff Part VIII Category A items.

**MOTILUM 10 - ESSENTIAL INFORMATION**

**Presentation:** Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16: up to one tablet (10mg) three times daily and at night when required. Maximum duration of continuous use is 2 weeks. **Contra Indications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine, including its hypoprolactinaemic action. Domperidone actions on gastro-intestinal function may be antagonised by anti-muscarinics and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium 10 should only be used during pregnancy on the advice of a doctor. Use by breast feeding women not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and for longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extra pyramidal dystonic reactions, including rare instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anti-cholinergic, anti-parkinsonian drug, or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extrapyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extrapyramidal symptoms. **Price:** £3.95 **Legal category:** P. PL: 13249/0014 **PL holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. **Date of preparation:** June 1998.

# BOTH CUSTOMERS WILL TELL YOU THEY HAVE INDIGESTION... BUT ONLY YOU CAN TELL WHICH TYPE.

"I've got heartburn."  
"It's a burning pain in  
my chest."



**ACID-RELATED**

"I feel full, heavy,  
bloated and queasy".  
"It feels like something is just  
sitting in my stomach."



**DYSMOTILITY = UNDIGESTION**

When your customers tell you they have indigestion, they probably don't know which type they've got. To ensure they get the right relief, a simple check of their symptoms means you can tell whether their indigestion is acid related or a result of dysmotility. When they describe that heavy, bloated queasy feeling – as if undigested food is just sitting in their stomachs, it's not so much indigestion as *undigestion*. For these customers there's only one answer.

**Johnson & Johnson** <sup>MSD</sup>  
CONSUMER PHARMACEUTICALS

**Motilium® 10. The first relief for Undigestion**



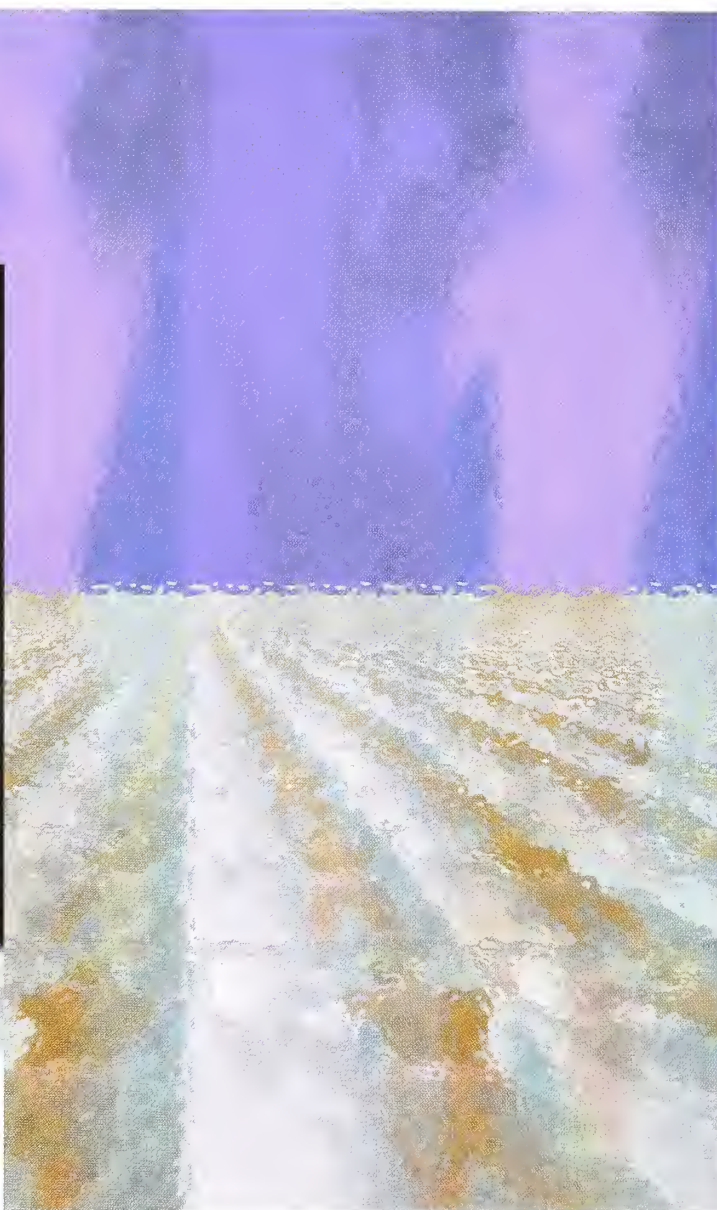
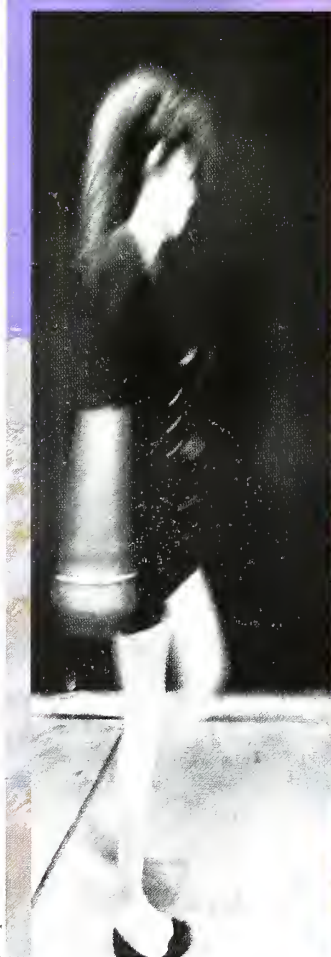
Only available through pharmacies. Further information is available from: Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Tel: 01494 450778

# Slender chances

Teenage girls are putting their health at risk in their quest for 'thinness'.

**Dr Mary Flynn,** lecturer in Human Nutrition and Dietetics, Dublin Institute of Technology, explains the health implications

Joseph Lamb



**F**ear of fatness affects far more women than men. The quest for slenderness is largely regarded as a female issue and adolescent girls are the group most at risk of obesity phobia and developing eating disorders.

There are complex reasons for girls on the brink of womanhood being so vulnerable to body image dissatisfaction. Issues include the rapid physical growth and development of adolescence, pressures from the adult world they are about to enter and concepts they carry from childhood.

This article will outline what is known about the development of obesity phobia in adolescent girls and the general nutritional implications for women's health.

## Adolescence

Adolescence marks the passing from childhood to adulthood. Girls mature at a younger age and, in general, enter puberty approximately two years earlier than boys. However, even within each sex there is considerable

individual variation in maturational timing.

The start of adolescence is characterised by the pubertal growth spurt, which is a three-to-four year period of very rapid growth and development. This is followed by a period of slower, steadier growth. Overall growth during adolescence contributes 22 per cent of adult height, 50 per cent of adult weight and 45 per cent of bone mineral content.

It is during adolescence that sex organs mature to full reproductive capacity. Under the influence of the sex hormones, differences develop between girls and boys in body composition (the amount of fat and lean tissues), in fat distribution and so in body shape. While oestrogen and progesterone promote the deposition of fat rather than muscle tissue in girls, boys tend to become leaner due to the effects of testosterone, which stimulates muscle mass development. In both sexes fat tends to become more centrally distributed (more marked in boys) while girls develop fat stores on the hips and thighs.

Psycho-social adjustment to all of these rapid physical changes can be difficult. The surge in body fatness levels and associated change in body shape that are normal aspects of female development may partly explain why girls are more likely to experience body image dissatisfaction and to be concerned about their body fat levels.

'Fear of fatness' is a greater threat to women's health than obesity. Studies indicate that up to 70 per cent of adolescent girls have attempted to lose weight. While avoiding obesity is in itself a healthy practice, the inappropriate weight loss behaviour known to accompany fear of fatness in adolescent girls may actually pose a far greater threat to their health than obesity.

The most popular slimming method used is self-imposed dieting which, although more common in the overweight, is practised by normal and even underweight girls and in some cases by girls as young as nine.

Apart from the risks of nutritional deficiencies, it is a matter of concern that almost one fifth of Irish teenage

girls smoke to control their weight (Ryan *et al.*, 1998). In addition, as many as 13 per cent of Irish and American adolescent girls report using self-induced vomiting, laxative or diuretic abuse to control their weight (see Flynn, 1997).

Such behaviour reveals the vulnerability of this group to the development of clinical eating disorders. Unlike fear of fatness, anorexia and bulimia nervosa remain relatively rare conditions representing the severe end of the scale – while milder variants of disordered eating (such as dietary restraint associated with fear of fatness) are more highly prevalent among this vulnerable group. However, it has been demonstrated that dieting adolescent girls are eight times more likely to develop eating disorders than non-dieting girls.

It is the link with smoking, however, which carries the most serious implications for women's future health and renders fear of fatness more harmful than obesity itself. This link represents the most overwhelming reason for urgent and effective action to address the fear of fatness issue.

### Media to blame?

The desire for thinness is often attributed to the portrayal in the media of the ultra-slender female form as the epitome of female beauty. One study found that the level of underweight among female models in magazines was sufficient to fulfil one of the major criteria for diagnosis of anorexia nervosa. However, recent studies reveal the existence of strong prejudice against overweight women, which clearly shows that although the media promotes the ultra-thin image of female beauty it does not create it – but merely reflects what is socially and culturally accepted.

Studies indicate that there is strong prejudice against fatness even among children as young as six. It would seem that girls enter adolescence with a clear impression of the unacceptability of being fat and then face a future where female fatness is associated with a downward social spiral. These issues help to explain the frantic weight loss efforts of so many adolescent girls who find their dreams of a bright future are caught up in a desperate pursuit of thinness.

### Good nutrition

To support the surge in physical growth and development, adolescent girls require diets of high nutritional quality. Any event that carries additional nutritional costs – such as pregnancy, illness or participation in competitive sports – greatly increases their risks of dietary inadequacy. Similarly, any event interfering with their food intake (for example, dietary restraint due to fear of fatness) can also lead to nutritional deficiencies.

Apart from insufficient energy to

support growth, the restricted food intakes of restrained eaters can easily lead to specific nutritional deficiencies. Low energy diets mean lower food intakes and thus fewer vitamins and minerals, unless food intakes are well planned and include nutrient-dense staple foods such as meat, dairy products, wholemeal cereals, and fruit and vegetables.

The self-imposed, unsupervised nature of adolescent dieting, which often involves skipping meals and the random restriction of staple foods including milk and red meat, usually results in an inadequate intake of essential nutrients. For example, significantly lower intakes of all micronutrients (vitamins and minerals) have been reported among dieting British girls aged 16-17 compared with girls who were not dieting (Crawley and Shergill-Bonner, 1995).

Evidence from a study of Irish teenage girls found that milk (an important source of calcium) was mistakenly considered to be a fattening food and therefore avoided. In addition, a third of the adolescent girls studied avoided or wanted to avoid red meat (a rich source of absorbable iron) and one of the main reasons cited was the mistaken belief that meat is fattening.

### Long-term effects

Such dietary inadequacies during this critical period of growth and development can have long-term consequences, particularly for women. Indeed, during adolescence, when 45 per cent of bone mass is laid down, an adequate intake of calcium can help protect against osteoporosis by maximising bone mass gain. However, dietary studies indicate that many teenage girls with inadequate calcium intakes may be missing out on this unique opportunity to increase bone strength.

Iron is another crucial nutrient for adolescent girls. Compared with boys, girls require more iron because they must replace iron lost during menstruation. Iron deficiency anaemia, recently found in an Irish study to affect 3 per cent of apparently healthy adolescent schoolgirls, will compromise all work performance including cognitive function. The significance of the latter should not be underestimated considering that many adolescent girls are undertaking major examinations to secure future careers.

### Conclusions

Adolescent girls require highly nutritious diets and yet are the most likely group to restrict their food intake because of body weight concerns. Reasons for this almost certainly include the intense stigmatisation of female fatness and the discrimination against overweight women in developed societies.

### Healthy eating tips for adolescent girls

#### Enjoy food

#### Eat a wide variety of foods

To ensure the diet contains all the vital nutrients required – eat the right amounts from these food groups:

- Milk, cheese and yoghurt group, at least four servings a day for adequate calcium intakes
- Meat, fish and alternatives: at least two servings a day (a good source of excellent source of iron)
- Fruit and vegetables: at least 4/5 servings daily
- Cereals, breads and potatoes: teenagers often need 12 or more servings from this group for energy every day
- All other foods (including confectionery, fats and oils, sweets, sugar, etc): these foods supply energy and help make the combination of the first four groups of foods (the whole diet) palatable. Teenagers should enjoy these foods in moderation as part of their overall balanced diet.

Alcohol should be avoided

Make exercise an enjoyable part of your daily life

Do not smoke

Effective intervention to correct this is urgently needed.

The rising prevalence of obesity, particularly among women, needs to be addressed, but there is good evidence that weight control intervention after adolescence may be safer and more effective (Flynn, 1997). The identification of adolescence as the period during which girls become less active shows that the safest and most appropriate obesity prevention strategy for this age group is the promotion of exercise.

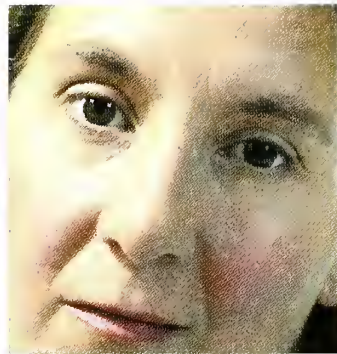
Finally, girls need reassurance about the rapid physical changes they are undergoing (for example, many may experience a temporary 'puppy fat' phase) and this combined with plenty of exercise and a good mixed diet provides the best opportunity to optimise their health and wellbeing.

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# Mistaken identity

The vague symptoms of premenstrual syndrome may be disguising other menstrual-related disorders



Most women are aware of the typical symptoms of premenstrual syndrome: mood swings, bloating, depression ... the list goes on. However, for some sufferers these symptoms could in fact be pointing to the menopause or highlighting postnatal depression.

Dr Michael Brush, clinical biochemist and founder of the Premenstrual Society (Premsoc), says it is important to distinguish between PMS and the first signs of the menopause as they both have different forms of treatment.

He says: 'The first step is to keep a detailed daily record of symptoms for at least two menstrual cycles. If the symptoms, whether mood changes or physical problems, occur only in the second half of the cycle and go within 24-48 hours of the start of your period, you can be virtually certain the cause is PMS. Also, if in doubt, be sure to consult your doctor.'

PMS may also shroud the symptoms of postnatal depression (PND) as they can occur simultaneously, adds Dr Brush, who has conducted much of his research at the Department of Gynaecology at St Thomas' Hospital Medical School. 'As soon as periods re-start after having the baby, PMS may start. If there has been PND previously this may be very confusing

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and potentially devastating. It is important to chart symptoms in order to identify the cyclical pattern of PMS. Then, with proper treatment for both PMS and PND, the situation should improve quite rapidly."

Another area of confusion is premature menopause which can also be mistaken for PMS. This is when periods cease early, possibly because of ovarian failure or because of genetic predisposition. In some cases periods never start. Symptoms are the same as for normal onset menopause and include depression, lack of motivation, hot flushes and insomnia.

Diet is important in premature menopause, says nutritional medicine specialist Dr Marilyn Glenville. "Supplements are important for those with early menopause because the body is going through physiological changes and the symptoms from these changes can be helped by having a good supply of nutrients."

Adjustments to diet can also bring significant improvements in PMS sufferers and those undergoing normal onset menopause. Magnesium, zinc, vitamin B6 and other B vitamins are particularly important in PMS. For the menopause, magnesium - considered 'nature's tranquilliser' - can help with mood and insomnia as well as hot flushes and osteoporosis. The B group vitamins can also aid mood and sleep, while boron is thought to have a role in the prevention of osteoporosis by reducing the amount of calcium excreted in the urine and increasing the amount of oestrogen in the blood. Narrowing and thinning of the vaginal wall during the menopause may be helped by Vitamin E supplementation.

Information and advice from support groups are also important. Premsoc has launched a new free advice pack containing fact sheets, nutritional recommendations, reading list and symptoms diary. Phone 0808 1001624 for a pack. Membership of Premsoc is £5 (£2.50 unwaged) and it provides regular newsletters, workshops and concessions on publications. "We are different from other PMS organisations because we recommend the self-help route for women to overcome their distressing symptoms," explains Premsoc founder Dr Brush.

The Daisy Chain (not to be confused with last year's Daisy Chain Campaign initiated by The Toxoplasmosis Trust) was relaunched last November as The Premature Menopause Support Group. Premsoc, PO Box 429 Addlestone, Surrey KT15 1DZ. The Premature Menopause Support Group, PO Box 392, High Wycombe, Bucks HP15 7SH.

# Inner turmoil

## Thrush and cystitis remedies form the core of the women's health market

**T**he Canesten brand has become synonymous with vaginal thrush. But the arrival of a younger sister earlier this year could change all that.

Canesten Oasis for Cystitis is the first time the brand name has referred to anything other than the antifungal clotrimazole. Canesten Oasis for Cystitis contains sodium citrate and is a GSL rather than a P product. However, Bayer is confident the launch will make a significant impact on the cystitis relief market.

Louise Forbes, product manager at

Bayer says the brand is instantly recognised by women as reliable and effective. "It was a natural progression to extend Canesten's expertise in women's intimate health to cystitis."

Research from Bayer has found that 72 per cent of women visit their GP for cystitis and half of those do not need antibiotics. Of these, 23 per cent end up buying over the counter products and 18 per cent do not treat at all. It is these silent sufferers that Bayer is trying to target.

Forbes believes an educational and promotional campaign is crucial to bringing in new users. "We need to raise awareness of cystitis products because there is currently very little promotional support."

The brand is being supported by a £1 million marketing campaign which includes advertising in the women's press and a web site, both starting in March. The Canesten Thrush Advice Line has been relaunched as the Canesten Women's Health Advice Line, providing information on thrush and cystitis.

Bayer also recognises the value of advertising even for existing products. Canesten Combi experiences sales uplifts of 40 per cent during TV advertising periods. A five week campaign finished last Monday but further bursts are planned later this year as part of a £5m support campaign for 1999.

Darren Brown, senior product manager for Canesten, said with TV advertising resulting in such huge surges in demand, it is essential that pharmacists capitalise on this through effective merchandising and forward selling. "Bayer's commitment to removing the taboo and embarrassment associated with thrush will serve to give women the confidence to self-medicate and look direct to their pharmacist for treatment and advice."



Canesten Oasis for Cystitis is a GSL product



New advertising for Diflucan One will run until November

● Pfizer has updated the advertising for Diflucan One to keep it fresh in people's minds. The new ads will run from February to November in women's monthly consumer magazines.

Pfizer is also targeting consumers through its Thrush Advice Bureau (PO Box 8762, London SW7 4ZD, helpline 0171 185 5510). Since its launch in 1995, over 15,000 women have contacted them for information. The Bureau has also produced a series of leaflets, the latest of which is entitled 'Vaginal Thrush - Myths & Facts'.

● According to Roche Consumer Health the cystitis market is currently worth £4.5 million and is growing at a rate of 7 per cent each year. Cystopurin holds a 16 per cent share and grew last year as a result of new packaging and a heavyweight promotional campaign.

The company plans to continue

Continued on P24 →

### Pregnant or not

The association between pregnancy and thrush is often overlooked by sufferers and pharmacy, as a new survey from Bayer reveals.

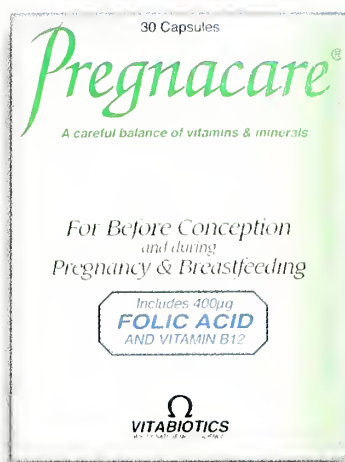
A telephone survey of 350 women aged 16-49 found that three-quarters were failing to consider the possibility of them being pregnant before seeking an OTC remedy. More worryingly, nearly half of them said the pharmacy assistant had not asked if they were pregnant and one in ten had used a medication only to find out later that they were pregnant. The dramatic hormonal changes experienced in pregnancy can increase the incidence of thrush by up to 25 per cent. Dr Cath Rodgers, consultant in genito-urinary medicine at St Thomas' Hospital in London, says: "As pregnancy can trigger episodes of vaginal thrush it is particularly important for pharmacy staff and the customer to investigate the possibility when considering an OTC treatment. Where there is any possibility that women with thrush could be pregnant then oral medicines should be avoided and a topical treatment recommended."

### Anti-fungals

	1997 value	1997 % share	1998 sales	1998 % share
Category - anti-fungals	£34,692k	100.0	£36,678k	100.0
Anti-thrush	£14,735k	100.0	£16,272k	100.0
Diflucan One	£5,355k	36.3	£6,629k	40.7
Canesten Combi 1%	£4,768k	32.4	£5,298k	32.6
Canesten 1 VT	£3,763k	25.5	£3,603k	22.1
Canesten 10% VC	£610k	4.1	£538k	3.3
Canesten 3 VT	£199k	1.3	£174k	1.1
Femera	£39k	0.3	£28k	0.2

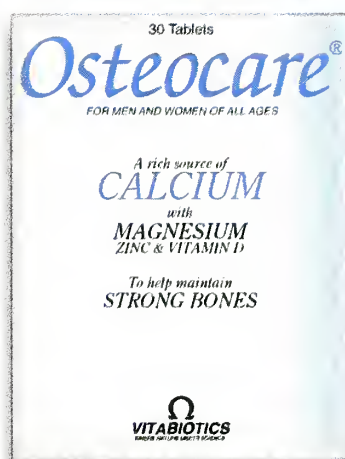
# Every one a brand leader...

We couldn't



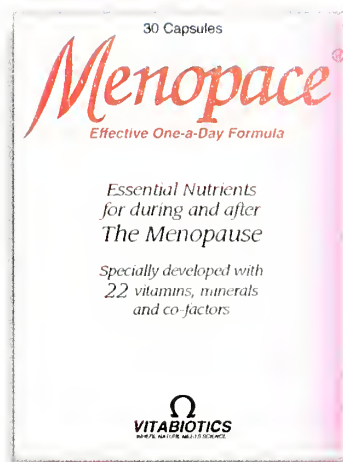
Chosen by more women than any other prenatal supplement.\*

it without



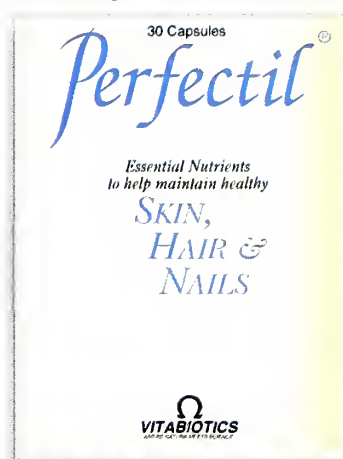
The UK's new brand leader in the calcium supplement market.†

have done



The UK's No 1 supplement brand for the menopause.\*

you...

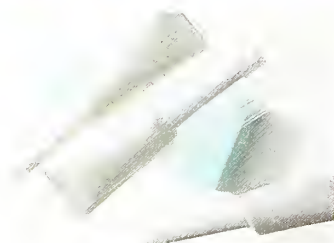


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With your help, Vitabiotics is building research and innovation into the supplement market. Over the years we have expanded new supplement categories like the menopause, pregnancy and beauty care. Each of the products above is now a leader in its field. A 'must stock' line for pharmacists. And for the future, we are developing the market into important new areas such as eye care with Visionace™. All with research based supplements, produced to high pharmaceutical standards. Which is good news for you and your customers.



Cystopurin has a 16pc share



Preevent vaginal applicators

→Continued from P22

supporting The Cystitis Information Bureau (0345 581750) which was launched in 1995.

● Australian Bodycare is undertaking tests for a medical licence for Preevent. The vaginal applicators have been found to maintain vaginal moisture and to be effective in treating fungal infections such as thrush. Preevent contains 3 per cent tea tree oil and is hormone-free, non-greasy and non-irritating. A Swedish study completed last September found tea tree oil 5 per cent lotion to be an effective and safe way of treating mild vaginitis.

● Discreet, the tea tree oil-based feminine spray for women suffering vaginal irritations, has been introduced into pharmacy in 30ml spray bottles by Healthline. Discreet, which is made by B-Line Health and Beauty, was previously only available through health spas and beauty salons.

● The wording on Replens vaginal moisturise was changed last year to emphasise its use in all women experiencing discomfort and not only for the sexually active. Ethical Research Marketing says stores that have Replens on self-selections are seeing the greatest return as many women are too embarrassed to ask for advice about vaginal dryness.

● Roche still holds Period Pain Dossiers for pharmacists and assistants which can be obtained from representatives. The company has also repackaged 'Fitness Fun', a 30-minute audio-cassette of exercises to help relieve period pain. Radio ads are also planned later this year.

● Deflatine, the trapped wind remedy aimed specifically at women, is being supported by educational literature targeting health professionals and consumers.

A heavyweight TV advertising campaign which began in October concluded in January.

# Supplementary benefits

**F**olic acid is the champion of women's supplements, with its proven track record in reducing the risk of neural tube defects in unborn babies. However, the role of vitamin and mineral supplements extends beyond pregnancy and can help all women.

## Boning up

Osteoporosis is one area that can be helped by supplements but where awareness is still low. Whitehall aims to raise the profile of calcium in maintaining healthy bones with the launch of Caltrate Plus which contains calcium and six other vitamins and minerals important to bone health. It is aimed at women aged 45-plus who are potentially at risk of bone density loss.

Carol Vorderman will be fronting the press advertising campaign which will appear from April.

Whitehall is also working with the National Osteoporosis Society to educate people on the importance of a healthy lifestyle to bone health.

In a Whitehall survey, 83 per cent of women wanted the government to introduce free bone density scans to women nearing the menopause and beyond. Despite the high incidence of osteoporosis and the cost of care to the NHS, nearly two-thirds of GPs did not agree with routine screening.

## Preconceived ideas

To encourage women to take folic acid before they become pregnant, GR Lane Health Products and publisher

Dorling Kindersley have produced a book on conception and pregnancy. Available from High-Street bookstores, 'My Pregnancy Record Book - from Preconception to Birth' sold over 1,000 copies in its first month. Lanes Preconceive branding is carried on the front and back of the book with an introduction and product shot from the company inside.

GR Lane Health Products is continuing to urge pharmacists to place folic acid products with family planning products as well as in the usual VMS area. Adrian Bishop, Lanes' sales director says: "[Women] are more likely to look for them alongside ovulation testing kits and pregnancy tests than next to other vitamins."

## Marketing mix

● Wassen International is supporting its two women-specific supplements Confiance and Magnesium-OK with advertising in the national press and key consumer publications.

Premisoc and The Premature Menopause Support Group have both used Magnesium-OK and Confiance (Wassen International) among their members with successful results. An open study by Premisoc found that 70 per cent of participants felt their PMS symptoms improved after taking Magnesium-OK for three months.

● UniChem has introduced a lower strength Vitamin B6 10mg tablet (60, £1.49) to complement its 50mg Vitamin B6 product. The lower strength variant is aimed at promoting the wellbeing of menstruating women.



Carol Vorderman and Caltrate



£250k campaign for Redclover

● Novogen is investing £250,000 in a consumer advertising campaign for Novogen Redclover. The ads, which will be appearing in the women's press, specifically recommend that consumers go to their pharmacists for further advice. Sample packs of the supplement are being dispatched to pharmacists this month.

	1997 sales	1997 % share	1998 sales	1998 % share
Total Evening Primrose Oil	£25,038k	100.0	£23,809k	100.0
Private Label Evening Primrose Oil	£12,81k	51.2	£12,966k	54.5
Seven Seas Evening Primrose Oil	£4,194k	16.8	£3,769k	15.8
Efamol Evening Primrose Oil	£1,523k	6.1	£1,415k	5.9
Healthcrafts Evening Primrose Oil	£1,202k	4.8	£1,002k	4.2
Healthlife Evening Primrose Oil	£1,309k	5.2	£679k	2.9
Nutrimax Evening Primrose Oil	£513k	2.0	£453k	1.9
Quest Gamma Oil Premium Primrose Oil	£426k	1.7	£257k	1.1
Efamol PMP Evening Primrose Oil	£8k	0.3	£152k	0.6
Calcia Plus Evening Primrose Oil	£59k	0.2	£149k	0.6
Efamol Safflower & Linseed Evening Primrose Oil	£176k	0.7	£95k	0.4

	1997 sales	1997 % share	1998 sales	1998 % share
Total Folic Acid	£2,840k	100.0	£2,996k	100.0
Private Label Folic Acid	£1,019k	36.3	£1,299k	43.4
Folic Plus folic Acid	£259k	9.2	£336k	11.2
Lanes Preconceive Folic Acid	£220k	7.8	£274k	9.2
Cow & Gate Folic Acid	£169k	6.0	£101k	3.4
Solgar Folic Acid	£47k	1.7	£78k	2.6
Healthlife Folic Acid	£80k	2.9	£41k	1.4
Sanatogen Prenatal Folic Acid	£43k	1.5	£27k	0.9
Seven Seas Folic Acid	£33k	1.2	£16k	0.5
Healthlife Folic Acid	£9k	0.3	£12k	0.4

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# The local solution

Labour backbencher Dr Howard Stoate is a member of the Commons Health Committee and is often heard expressing support for pharmacy.

Charles Gladwin finds out more...

**D**artford MP and practising GP Howard Stoate comes across as being firmly committed to pharmacy. He could be a strong ally at Westminster as he is always willing to promote the role of pharmacists to the Government and other health professionals.

A theme he repeatedly emphasises is uncannily similar to the latest catchphrase of the 'New Age' process. Although talking about the new NHS, his words - "to a large extent the agenda is in your hands" - echo the Royal Pharmaceutical Society's 'Over to you' theme.

One purpose of the Health Bill, which recently had its second reading, is to set up a framework for innovation across the country. As well as the "major planks" such as ending the internal market and establishing primary care groups, the Bill also includes "lots of other enabling functions which will allow local initiatives to take the running and see where it gets people".

Health secretary Frank Dobson says he is "very keen" to utilise the under-used valuable resource of pharmacists. Dr Stoate agrees: he doesn't think that they are stretched



**Dr Howard Stoate is always willing to promote the role of pharmacists to the Government and health professionals**

to their maximum potential. But this Bill will have an enabling role to allow them to expand their role, with consultation, with local initiatives, with bottom-up approaches. "We are giving you the opportunity ... to show us what you can do with it," he says.

## Exclusion from PCGs

Picking up on one of the major gripes pharmacists have with the new NHS, Dr Stoate can understand why they might feel excluded from PCGs. "PCGs will be encouraged in some cases to

co-opt people, other professionals, onto the board," he says. "There's nothing to stop PCGs having relationships with pharmacists, even to co-opting them onto the board if they think that is appropriate for them."

Again, he emphasises that the Bill is putting together for the first time a structure within which pharmacists could flourish. "It is now a question of pharmacists showing us what they can do."

So how do pharmacists go about this? They need to be proactive in

dealing with PCGs, they need to make sure that the public are happy with their involvement.

Doctors and nurses are already closely linked, so it may be a case of having to take them along by fully consulting them.

The first thing pharmacists need to do is to meet with each other and decide whether they want to put any specific proposals to their PCG. They should choose a spokesperson who needs to contact other PCG members, especially those on the board, "and see if they can push the agenda along, because there is nothing in the legislation to stop pharmacists being really quite active in PCGs where the PCG has a good relationship with them".

The Government has stressed all along that it wants a positive approach. "It is as much up to pharmacists to form relationships within PCGs as it is for the Government to make the law push things along."

**"The Public Health White Paper anticipated in the next few weeks could open up several opportunities"**

This prompts the question 'who is going to pay?' Prescriptions should not necessarily be the major income generator for pharmacists, believes Dr Stoate. To him, and perhaps to

the Government, community pharmacists with their businesses present a bit of a conundrum: "On the one hand they want prescriptions to come through the pharmacy. On the other, they want people to turn up without having gone to their doctor so that they can be given pharmacy advice. Equally they don't necessarily want to rely on handing out over the counter medicines. They may want to advise on anything else that might be on their shelves."

But he continues: "It's not the Government's job to force that along. It's government's job to make the conditions right for businesses to thrive and it's up to [proprietors] to

decide how their business is best served."

Dr Stoate implies the Government could certainly do more to help. With its commitment to encouraging people to take more responsibility for their health, the MP believes that the Government needs to help stress to the public what the pharmacist can offer. "I would like to see the Government putting more emphasis on a public awareness campaign to say that 'the pharmacists are able to give you advice on a wide range of subjects, so why not try them first?' for a wide range of common ailments."

NHS Direct is already doing this to some extent, he argues, with the nurses who run the service advising patients quite often that the best thing they can do is go to the pharmacy for symptom relief treatments.

## Prescribing proposals

But in terms of prescribing, as the Crown Report may propose (delayed along with Frank Dobson's pharmacy strategy because of the pressure of work in the Department of Health), Dr Stoate does not believe that pharmacists want a free-for-all any more than nurses do. "I don't think that pharmacists will want to prescribe more than from a limited list," he says.

Asked if pharmacists could do this now, he says: "Pharmacists as a whole are more than capable because they have had more therapeutics training than nearly any other professional in the NHS. They are ideally placed to offer therapeutics advice because that's what they have been trained to do."

But concerns about standards, both professional and educational, have also been addressed by the Government in the Health Bill, to give the Government the power, if necessary, to influence the self-regulation of the professions.

"The Government is moving towards professionals proving themselves, proving their competence on a regular basis – if nothing else, just to reassure the public that they really are as professional as they ought to be."

Another area of potential controversy in the Health Bill is the introduction of reserve powers affecting the Pharmaceutical Price Regulation Scheme (PPRS). Dr Stoate seizes the opportunity to explain why it is being introduced: "The PPRS has worked well for 25 years on a voluntary basis and has been remarkably successful in giving the NHS a good deal and giving the drug companies sufficient profit to invest in new medications and feel they have got a good solid reason to stay in Britain."

"The problem with the PPRS being

voluntary is that it only takes a few rogues to destabilise it. Over the past few years there have been a few small companies who deliberately flouted the rules. It's only a small percentage, but it causes a great annoyance among both the large companies and the Government."

He cites the example of old drugs being sold off to third party companies who have then put the price up, sometimes by 1,000 per cent. "That is basically milking the tax payer and that can't be allowed to continue."

What the Government is proposing are reserve powers in the Bill to force companies, if necessary, to toe the line. "It is not expressing an interest in using that clause," he adds. "I have spoken to ministers about this, and as far as I am aware, there is no hidden agenda at all. It's an open agenda. It is saying 'you play fair with us and we'll play fair with you. But if you start fiddling the rules ...'"

Following concerns raised by one of Dr Stoate's colleagues, Peter Bradley, that dispensing doctors may be "profiteering" from the current system (C&D February 13, p4), Dr Stoate says the dispensing doctors he knows have only ever played entirely fairly. But when the nub of the argument is that the Labour Government has carried on from the Tories by distancing itself from the problem, Dr Stoate returns to the underlying theme: "As far as I am aware, the intention is simply to allow local solutions to be found for local problems." He is not aware of any government proposals to change the current arrangements. "As far as I know, the Government only intends for local health authorities and for LMCs and so on to make local arrangements."

Rivalry between the professions could come to an end in the new NHS. So what about clause 4 of the Health Bill, which opens the way to one-stop health centres? Whether this will be necessary for all professionals depends again on local circumstances.

"I don't think the Government has any intention to force anyone to do anything in this area. But where it is appropriate, a one-stop shop might be the obvious solution. Where it's not appropriate, it won't happen." So in towns with a large number of practices and pharmacies, it may be unlikely, but with the rural situation with one pharmacy and one practice, it would make sense. "The Government is going to allow solutions to be found for local problems."

## Changing roles

Similarly, pharmacists can expect an increased role in the future, where they decide what that role is. "It is a

matter for local negotiations which result in local solutions." And returning to the theme of self promotion: "If pharmacists work with their trade associations, such as the PAGB, and take a more active role in encouraging people to use them as a first call resource rather than a second call resource, then I think they will enhance their own future."

So does this mean that by taking a more active role pharmacists will have a bigger income and not have to rely on the Government for remuneration? Yes seems to be the answer.

"If pharmacists can encourage more people to go into their pharmacy for general advice, while they are there, they are more likely to make use of the other services that pharmacies provide, such as the toiletries, cosmetics and everything else which help to make up their income."

"It's all about getting people into the shop. If they can take part in that process of encouraging more people to come into the shop, then clearly that is going to increase their profitability."

## Added value

But how about the Treasury acknowledging the 'added value' that pharmacy brings to the NHS' coffers? "I'm very keen on added value, but it is very difficult to measure," he enthuses.

He would like to find a way of measuring such intangibles and NICE (the National Institute for Clinical Excellence) may make a breakthrough in this area, he suggests. "For the first time, when a new treatment or drug has been evaluated, they will be able to look at economic consequences as well as purely clinical effectiveness."

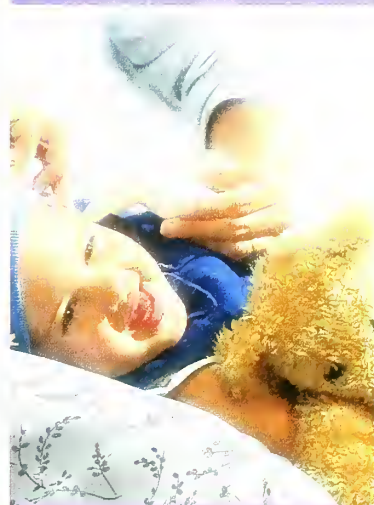
One more area that pharmacists could look to is public health. With the Public Health White paper anticipated in the next few weeks, this could open up several new opportunities.

"If pharmacists can become more involved in the public health debate about nutrition, exercise, healthy living, smoking reduction through NRT or counselling, that sort of thing, it's a way in to increasing pharmacists' role," he says.

"There's a whole new area out there that we are desperate to promote as public health has been virtually untapped in previous times. And there is no natural group of professionals out there filling the gap. I think that pharmacists could be part of that new function."

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## Statutory Committee



**Q** I often see customers who complain of feeling drained, ground down or constantly tired. Can you suggest anything I can recommend?

**A** The symptoms you describe sound like a common ailment called Daily Fatigue. Two-thirds of the UK population suffer from Daily Fatigue, but up to 80 per cent do not treat their symptoms because they are often unaware that a solution exists.

Pharmaton Capsules is the only OTC medicine clinically proven to relieve Daily Fatigue and associated symptoms, such as exhaustion and vitality deficiency. It contains the unique G115 active ingredient (a purified extract of ginseng), together with a combination of vitamins and minerals, providing users with a clinically proven solution to relieve Daily Fatigue.

**Pharmaton Capsules. Abbreviated Product Information:** Active Ingredients: Standardised Ginseng Extract G115 40.0mg; Vitamin A Palmitate 2667 IU; Cholecalciferol (Vit D3) 200 IU; DL- $\alpha$ -tocopherol acetate (Vit E) 10mg; Thiamine mononitrate (Vit B1) 1.4mg; Riboflavin (Vit B2) 1.6mg; Pyridoxine HCl (Vit B6) 2.0mg; Cyanocobalamin (Vit B12) 1.0mg; Biotin 150mcg; Serotinamide 18.0mg; Ascorbic acid (Vit C) 60.0mg; Folic Acid 0.1mg; Copper (as dried copper II sulphate) 2.0mg; Selenium (as dried sodium selenite) 50.0mg; Manganese (as manganese II sulphate monohydrate) 2.0mg; Magnesium (as dried magnesium sulphate) 10.0mg; Iron (as dried iron II sulphate) 10.0mg; Zinc (as zinc sulphate monohydrate) 1.0mg; Calcium (as anhydrous Dibasic calcium phosphate) 100mg; Lecithin 100.0mg; also contains arachis (peanut) oil. **Indications:** States of exhaustion (eg caused by stress), tiredness, feeling of weakness, vitality deficiency. Prevention and treatment of symptoms caused by ill-balanced or deficient nutrition. **Legal category:** P. **Product Licence Holder:** Boehringer Ingelheim Ltd, Self-medication Division, Halesfield Avenue, Breckford, Shropshire, SG12 8NS. Pharmaton Capsules is a Trade Mark of Boehringer Ingelheim Ltd. Further information is available from the Licence Holder.

## Struck off for excessive supply to addict

A pharmacist who supplied kaolin and morphine to a woman, some by personal deliveries and some by taxi, over the course of a year, was struck off the Pharmaceutical Register a fortnight ago.

The Statutory Committee of the Royal Pharmaceutical Society found misconduct in relation to excessive quantities of the medicine being sold by Shervin Nikjoo of Frinton-on-Sea.

Committee chairman, Gary Flather QC, said: "The Society's case is that Mr Nikjoo supplied one patient - a Mrs X - with this mixture unceasingly over a period of one year. This lady had had a stomach operation and suffered from chronic diarrhoea." She had been alternately addicted to vodka or morphine.

"From all the evidence, Mrs X had consumed just under 4.5 bottles a day. On one occasion, Mr Nikjoo came round and delivered a dozen bottles when her husband would normally be away.

"Her sister-in-law, through her car windscreen, saw Mr Nikjoo within the pharmacy supplying Mrs X with bottles, and from the bay window of her kitchen saw him visiting and regularly leaving polythene bags at Mrs X's door."

Finding misconduct, Mr Flather said: "Supply in these quantities was not treating her but abusing her. Mrs X was very vulnerable. Her vulnerability was exploited by Mr Nikjoo for financial gain and for no medical benefit.

"This was not a misjudgement, but a deliberate course of action which no pharmacist should engage in."

Mr Nikjoo was also found guilty of leaving his premises unattended.

## Evidence was 'unreliable'

The evidence against Dartford pharmacist Paul Davies, who faced disciplinary proceedings last week, was described as "unreliable" and "tainted" by his solicitor.

David Reissner told the Statutory Committee of the Royal Pharmaceutical Society that, although Mr Davies admitted misconduct in relation to the allegations against him, the evidence given by Gail Price and Coleen Brown was "inherently unreliable".

Mr Davies faced six allegations relating to the re-use of returned medicines or inadequate labelling at the Darnley Pharmacy, Gravesend, in July 1997.

Pharmaceutical inspectors found 60 containers with dispensing labels rather than the original manufacturer's label, and about a quarter of those were certainly patient returns. An inspector had also been able to buy a 30g tube of hydrocortisone cream, a Prescription Only Medicine, without a prescription.

Mr Reissner said his client accepted that some returned medicines were found on the dispensary shelves. Others were taken out of blister packs and then sent to nursing homes, as were some inadequately labelled ones.

He did not accept that it was the pharmacy's deliberate practice to re-use such products.

Mr Davies admitted the hydrocortisone incident, but has denied it was misconduct. He also admitted misconduct over medicines found among the dispensary stock that were inadequately labelled.

The Committee, after a short adjournment, decided that despite Mr Reissner's assertions about the witnesses' reliability, Mr Davies still had a case to answer.

The case is a resumed hearing from November last year, when Gail Price, a married mother, made allegations that

Mr Reissner was having an affair with another employee, Sharon McLeod.

At the November hearing, Mrs Price, who worked at the pharmacy from 1993 until January 1997, said: "Any drugs returned were sorted and returned to the shelves."

Under cross examination, she said she had been happy there initially, but things deteriorated because of his affair with another assistant, Sharon McLeod, who "made her life a living hell". After she left, she decided to contact the Society about the affair.

Coleen Brown, who worked at the pharmacy from November 1995 to February 1996, told the November hearing she had put returned medicines back on the shelf "under instructions" from Mr Davies, although, mostly, she was told to do so by Mrs McLeod.

In his evidence to the Committee, Mr Davies said there was a personality clash between Mrs McLeod and Mrs Price to the point where the situation became intolerable.

"I have become aware that Mrs Price had a crush on me," said Mr Davies. It was after she left, giving a week's notice, that Mrs Price accused him of having an affair with Mrs McLeod.

She went further, he alleged, making an anonymous phone call and sending an anonymous letter to his wife in which she repeated the accusation.

He changed his telephone number, but Mrs Price continued her activities against him, which included a complaint to the Inland Revenue, the Equal Opportunities Commission, as well as trying to take him to an industrial Tribunal.

Committee chairman, Gary Flather QC, said the Committee did not find proved the allegation that there was a practice of using returned medicines. The Committee decided to reprimand Mr Davies.

## Pharmacist struck off after 24 allegations made against him

A Merseyside pharmacist was struck off last week after the Royal Pharmaceutical Society's Statutory Committee decided his conduct, outlined in 24 separate incidents, rendered him unfit to practise.

Stuart Blake of Whitefield, Manchester, was not present at the hearing.

The pharmacist had 24 allegations made against him, including his lack of professional insurance, the re-use of returned medicines and the fact that his pharmacy continued trading while the premises were not registered.

David Brady, representing the Society, told the Committee that the pharmacist was found to be operating without any professional indemnity when he was visited by a Society inspector on June 26, 1997.

A year later, despite producing a cover note relating to insurance effective on June 10, 1998, further investigations revealed that Mr Blake had failed to pay premiums and the cover had been cancelled on his pharmacy in New Brighton, Wallasey.

Mr Brady said that a Society inspector was able to buy three medicines on May 28, 1998, despite the fact that the premises were not registered on the two days prior to this. When another inspector visited the premises, he took possession of 676 prescription forms which had all been dispensed when the premises were not registered.

Other evidence revealed that the pharmacy also continued to dispense medicines to a nursing home.

Inspectors also discovered nearly 20

large carton boxes filled up with patient returns on May 14, 1997. Mr Brady said these medicines were stored alphabetically, and although Mr Blake accepted these were patient returns, he was unable to explain why they were arranged in such an order.

Other allegations against the pharmacist included the sale and supply of Pharmacy-only and Prescription Only Medicines in the absence of a pharmacist from May 26-28, 1998, lack of personal control and poor physical standards of the premises.

The Committee decided to hear the case in his absence and heard evidence from 14 witnesses.

Chairman Gary Flather QC said the Committee felt a sense of outrage at the way Mr Blake had behaved.

## Managing change to get it right

The Council of the Royal Pharmaceutical Society decided to restructure both its ways of working and the head office staff framework so as to be able to deliver the priorities arising from 'Building the Future'. Although the Council and committee structure was implemented last June, the new staff structure was only implemented in full last November.

Both the Council and head office staff are working together not only to familiarise themselves with the new structures but, most importantly, to develop the new working relationships.

Your **Comment** (C&D last week) was right to say that managing change is never easy, but members can be reassured that the Council, committees and staff are putting the time and energy needed into getting it right for the Society.

This is not an overnight process, and it was recognised from the outset that fine tuning of the original detail would most likely be necessary after six months of the new structure. We have reviewed the sequence and format of Council and committee meetings - and are now reviewing the format of Council meeting agendas - because we want to ensure that as much key policy debate as possible can be in the public domain.

This has enabled us to reconsider vitally important issues of membership communication,

including attendance of branch observers at Council and Committee meetings from June, and the way that proceedings are to be reported in future.

The new structure is starting to deliver some of the other progress towards better communication that our members said they wanted through the 'Pharmacy in a New Age' consultation. Only this week, the new public affairs directorate announced that it is embarking on a project to review how we can create better membership access to the services that we provide from the headquarters (see p6).

This is in direct response to some of the issues that arose from last year's working party on links with the membership, on which branches and regions were invited to comment.

This is just the beginning: time will tell how successful we have been. However, I believe that the change process we have begun will benefit the membership and enable the Council and staff to work more effectively for the profession.

**Ann Lewis**

*Secretary and registrar, Royal Pharmaceutical Society*

## Xrayser's sneaking admiration for Pharmacy Plus

Xrayser's comments of a sneaking admiration for Pharmacy Plus' approach is welcome to read (C&D February 13, p7). We are flattered that

Xrayser has admired our hard work over the past four years in improving patient care. We, too, are encouraged about the way in which our approach is thriving and seems to strike a welcome chord with our patients. It was not that long ago he dubbed us as 'young turks'. How times change!

I would like to respond to some other points raised by Xrayser and Mr Urwin (C&D February 13, p31). Pharmacy Plus is not a lobbying organisation: our main concern is offering the highest quality services possible to our patients.

However, Pharmacy Plus Direct, our prescription management service, is sending exactly the right message to our NHS paymasters. That message is that pharmacy is not happy giving second rate pharmacy services to patients, and is happy to innovate using quality issues to drive up the standards of care.

Such a message helps the profession's cause significantly more than empty promises and the reactive, all-too-well-rehearsed standard response "we don't get paid for that!"

Pharmacy Plus' true colours are shown by the launch of Pharmacy Plus Direct. We will not be browbeaten by fellow professionals into offering anything other than a first rate pharmaceutical service. It is only through demonstrating our worth that the profession will succeed in negotiations with its paymasters.

Finally, a thought for Mr Urwin: if you think Pharmacy Plus is bringing the profession into disrepute because we are innovating and improving the quality of the service we offer,

examine the Code of Ethics. If you do not believe that patients' welfare comes before commercial interest, you're in the wrong profession

**Joel Hirst**

*Superintendent pharmacist, Pharmacy Plus*

## Shortage, what shortage?

I read with interest your **Comment** in the January 30 issue of C&D about shortages of aspirin and paracetamol in recent weeks. You also suggested that the more widespread outsourcing of products to contract manufacturers was a reason for some of the products recently in short supply.

As a UK-based contract medicines manufacturer I would take issue with you on both points. We have experienced no shortage of aspirin or paracetamol over the past few months and, despite a large upturn in volume requirements by our customers, have managed to keep them all in stock.

Although some third party contractors are unreliable, it is not fair to suggest that all are. The contract manufacturers who will succeed and grow are those who provide good customer service, which includes maintaining supply and delivering on time. We intend to lead the way on this. Pharmacy wholesalers take note.

**B.J. Sherwin**

*Managing director, Wrafton Laboratories*

## NEWS EXTRA

## Need for debate on NHS funding, says Sykes

The threat to the public purse of so-called lifestyle drugs has given the government an opportunity to examine the underlying beliefs that British citizens have about NHS funding, says Sir Richard Sykes, chairman, Glaxo Wellcome.

"At long last we have the opportunity for open public debate on these issues, orientated around the questions of how much, and for what, society is prepared to pay, and how," he wrote in an article in *The Times* last week. But the focus of the debate must not be driven

by specific high profile cases. The lasting legacy of Frank Dobson's interventions over Viagra could be a critical reassessment of the funding and prioritisation of healthcare.

The question of what constitutes 'lifestyle' is not clear cut and raises ethical issues, he continued. Is a hip replacement to improve mobility a question of lifestyle or quality of life? Sir Richard believes that the technological revolution under way in medicine will change the economics of healthcare but not necessarily result in

more expensive healthcare, as some would claim. Gross expenditure may increase but unit costs may steady and returns on expenditure - when viewed as investment - would go up. "In this way a constructive debate about future healthcare expenditure can take place without having to assume costs will inexorably spiral."

Instead of rationing, it would be better to look for other ways to relieve pressure on government budgets to allow patients access to the benefits derived from exploiting technology.

## Cross-boundary pay leads to bad press for pharmacy

The problem of cross-boundary payments led to bad publicity for pharmacy in a local newspaper.

In a story headlined 'Dying woman's oxygen crisis', the *Dudley Chronicle* recently described how a woman dying of lung cancer was unable to obtain oxygen which was prescribed by her GP at 4am. The woman's son-in-law, Sean Ward, who is chief officer of

Wolverhampton Community Health Council, tried phoning pharmacies throughout the West Midlands but they were all closed. When he found one open in Walsall, the pharmacist told him he could not risk supplying a set because he was in a different health authority and could not guarantee being paid for it.

A hospice provided a portable set

until Dudley contractor David Rowney came to the rescue as soon as he opened his pharmacy the next day.

Mr Rowney, whose pharmacy is close to the South Staffordshire border, told C&D that he often has problems with cross-boundary payments. "We're supposed to have a national health service, but it's become more like a localised one," he said.

## Pharmacist bailed on drugs charges

A Manchester pharmacist is to face charges of drugs offences at Liverpool Crown Court next week. Stuart Malcolm Blake has been bailed to appear for plea and direction on March 4.

He faces allegations of supplying controlled drugs including Diconal and methadone, and is also charged with possession of cocaine and diamorphine with intent to supply.

## No action taken on overcharging

No legal action has been taken against a pharmacist who overcharged Bury & Rochdale Health Authority by £17,500.

The unnamed contractor returned the money after "fully co-operative negotiations", a spokeswoman said. "After necessary consultations, the HA thought, in this instance, that criminal prosecution would not be successful or necessary."

Mark Ashmore says he is constantly amazed by the stories reps tell him about the lack of knowledge of simple mathematics displayed by his fellow pharmacists

# Buyer beware



When faced with choosing the best deal possible, a little knowledge of maths goes a long way

**I**t's that time of the year again. The reps are all calling with their seasonal deals and it's time to decide from whom you want to buy and what you want to order from them.

You've looked at all the professional aspects - the product ingredients and presentation - and the level and type of support from the manufacturer. You've narrowed your choice down to several brands and now it is down to price. The problem is working out which is the best deal.

The reps have left you the following details, and are calling back this week for your valued order.

● **Deal A:** the rep for this range A is offering a 25 per cent bonus in a 15 as 12 deal across the range.

● **Deal B:** the rep from this large well-known OTC company is coming in soon, and has sent details of his range, but he is offering just 17.5 per cent off invoice for the seasonal deal.

● **Deal C:** the rep for this range of remedies has also sent details in the post and is offering 33.3 per cent off invoice on the complete range.

● **Deal D:** a new rep from this company has come in, and she is offering 44 per cent in free stock if you order six dozen now across the

range. This seems too good to be true.

'Don't take your eye off the ball' is the phrase to keep in mind when doing seasonal deals. Remember, the rep may be called a territory manager, or business development executive, but he or she is still a salesman, who has been trained to sell by a marketing department ruled by company accountants - almost any legitimate trick in the book is fair game.

The main assumption I make in forming a buying decision is that when a patient comes into a pharmacy, their main aim is to buy a product that works and the cost is a secondary consideration. With medicines you are not going to sell more by reducing the price, so it is the net cash profit that is important.

In other words you cannot bank percentages or discounts, only cash, so the important factor is the cash you can bank from each sale.

The problem now is to decide which is the best deal. At first sight you might just go for the 44 per cent discount, but what happens when you look at each deal in detail?

**Deal A** - The main drawback with the '15 and 12' and similar deals is the extra stock, which is cheap for the company but can be a problem for

the pharmacy. The deal here is for five dozen plus an extra 15 as free stock.

The rep is likely to come in and explain that the deal is an extra 25 per cent as you get an extra three bottles on each dozen ordered, but let's look at the details.

The trade price per dozen is £16.02 which gives a price per bottle of £1.335; the selling price is £2.34.

If you order five dozen this will cost  $60 \times £1.335$ , which is £80.01. As you actually get 60 plus 15 bottles for this price, the net price in this case is  $£80.01 \div 75 = £1.07$ .

The selling price, having stripped out the VAT is  $£2.35 - (100 \div 117.5)$  which is £2.

The real discount in this case is  $((£1.335 - £1.07) \div £1.335) \times 100 = 20$  per cent, give or take a penny and not the 25 per cent the marketing people would have you believe. As the net selling price is £2, the bottom line profit in this case is  $£2 - £1.07 = £0.93$ .

**Deal B** - This deal seems, at first, to be the worst of them all. The trade price per bottle for this well-known range is £1.90 and the selling price is £3.35. After the 17.5 per cent discount, the net cost per bottle is £1.57.

The net selling price is £2.85,

which gives a bankable profit of  $(£3.35 \div 1.175) - (1.90 \div 1.175)$  per cent which is £1.28.

**Deal C** - This deal looks very generous at first sight. The deal is four dozen at £1.50 less 33.3 per cent, to sell at £2.35. The cost per bottle is therefore £1, and the selling price less VAT is  $(£2.35 \div 1.175)$ , ie £2, so the amount banked per bottle is exactly £1.

The reason this company can afford to give such generous discounts is that the RSP is not based on the standard mark-up of 50 per cent but only on 33.3 per cent.

**Deal D** - When this fast-talking new rep calls back she cannot understand why you don't just sign the order form. After all, it is a never-to-be-repeated offer, and the best anyone else has offered is a measly 33 per cent.

As it is very busy you are tempted to sign just to get rid of her, but you have this gut feeling that such a deal has to have a catch. Luckily it goes quiet and you get her to explain the deal in detail.

She has been told by the marketing department how to sell the range, but is not very good at answering specific questions. Eventually you work out the details.

The cost price is £18 per dozen to sell at £2.65. She explains that for each £18 you spend she will give you £8 in free stock which she has worked out as three extra bottles each selling at £2.65, each making a total of £8.

She has great difficulty in understanding why you are less than impressed with her idea of 44 per cent discount. Doing the sums you find that the profit per bottle is just £0.75 and you send her on her way.

To sum up, the deal that at first seemed the worst is actually the most profitable. It also has the advantage that being a well-known brand, it would take less selling.

The only drawback would be that some people would want a cheaper option, so it would be wise to stock another range as well, but this would be necessary anyway to provide customer choice. After all, aren't we always being told to stock the brand leaders, plus generic or own-brand equivalent.

Perhaps now you won't be like the pharmacist who believed he was getting a 10 per cent discount on his generics and parallel imports because he was getting 6 per cent off list price on his generics and 4 per cent off list on his PIs!

# Companies join forces over Year 2000 supply pitfalls

Pharmaceutical manufacturers have set up a working party to co-ordinate plans to prevent supply problems in early 2000.

The six volunteers, associate members of the British Association of Pharmaceutical Wholesalers, are chaired by Keith Davies, commercial manager of Warner Lambert Consumer Healthcare.

The working party's investigations will include GPs' prescribing behaviour, pharmacy chains' stock holding and the management of hospitals.

Major players in the supply chain, such as AAH Pharmaceuticals, Boots, BAPW and UniChem, will be urged to let manufacturers know what they are doing. However, some of these players, such as UniChem, argue they have already been liaising closely with manufacturers (see p32).

The working party will also liaise with industry associations, such as the National Pharmaceutical Association and the Guild of Hospital Pharmacists, and the Association of the British Pharmaceutical Industry.

Maureen McInness, Janssen Cilag's hospital business manager and chairperson of a workshop session on the potential supply problems, said manufacturers needed "a concerted

approach to speak with one voice to convince people that the pharmaceutical supply chain can manage the problem. We need a strong PR campaign".

Robert Ingram, Glaxo Wellcome's chief executive, told *C&D* the situation needed to be handled delicately. "There's a danger here that the issue of supply problems could be over-hyped," he said at the company's annual results.

GW may consider an advertising campaign, perhaps on behalf of the pharmaceutical industry, to allay public fears.

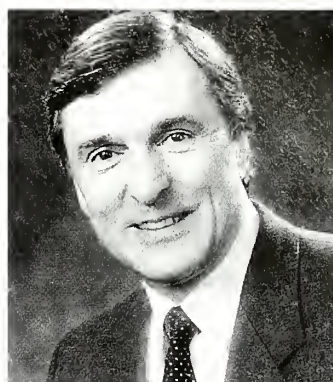
Manufacturers have been spurred into action because the Government has warned that pharmaceutical suppliers will face problems unless they act quickly. David Hind, who heads the NHS Executive's Year 2000 central support task force, told delegates that recent unhelpful press publicity about the millennium bug was encouraging people to hoard food and other consumables.

The task force is compiling a list of 200 "millennium critical" drugs, whose supplies are particularly vulnerable.

While the National Health Service has 500 projects to ensure its services will not be affected by the bug, it does

not have a scheme for pharmaceutical products. "We need to get the message across: 'don't hoard pharmaceutical products'," said Mr Hind. "But we need help. Pharmaceutical organisations and associations need to co-operate because if they don't, we could have a serious situation."

The behaviour of pharmacists, manufacturers and health trusts, he added, will influence events this year and next.



**David Hind, who heads the NHSE's Year 2000 central support task force, says continuity of key products will help resolve potential supply problems**

How to stop customers hoarding pharmaceutical products in panic, as the Year 2000 approaches, was one of the topics pharmaceutical manufacturers discussed at last week's associate members' meeting of the British Association of Pharmaceutical Wholesalers. **Guy L'Aimable** reports from Weston Favell, Northampton

He has already talked to the RPSGB, which is going to advise pharmacists and the Association of the British Pharmaceutical Industry. "It's not about building mountains of stock - it's about communication, continuity of key products and carefully planned increases in millennium-sensitive products," he said.

Action 2000, the millennium bug specialist, will issue 30 million supplements in national newspapers in May. These will include updates on preparations in the pharmaceutical sector.

One manufacturer said that GPs' traditional habit of prescribing in blocks of two to three months, during the Christmas period, could exacerbate supply problems. "We're aware of this and we're trying to dampen down demand," said Mr Hind.

Delegates said that manufacturers were unlikely to be caught flat-footed. Most of them, they said, had already made contingency plans to deal with potential disruptions, and had amended their production forecasts accordingly.

## GPs refer patients to pharmacists in test scheme

GPs and pharmacists have set up a secret pilot scheme to see whether customers can be persuaded to consult pharmacists first.

Peter Burrows, Roche Consumer Health's pharmacy trade sector manager, said GPs fielding calls on Monday were reserving appointments on

Thursday, unless the case was an emergency. The patients were then advised to consult their local pharmacies and, if satisfied with the result, to cancel the surgery appointments.

Mr Burrows said pharmaceutical wholesalers and manufacturers could also help by giving customers a more cohesive message about pharmacists' role. "If you can find a way of convincing consumers that pharmacists are there for more than just dispensing, you could persuade them to use pharmacists more and surgeries less," he said.

Sandy Young, chairman of wholesale/pharmacy group L Rowland, said pharmacists in such a scheme needed a prescribing formulary to make it work. "And it will only work in an area where people can afford the medicine [they buy from pharmacists]," he said.

Delegates agreed, however, that independent pharmacists should take advantage of the relatively impersonal services supermarkets are offering.

Supermarkets' trading hours, according to one manufacturer, gave

their pharmacies problems because they employed many locums. Unlike independent pharmacists, these locums could not develop long-term relationships with customers.

Independent pharmacists could also fight back by offering more services. Mr Young, chairman of the British Association of Pharmaceutical Wholesalers, said it should co-ordinate training programmes for pharmacists. "The current programmes are not consistent - there's no reason why the BAPW shouldn't run a series of courses ...

sponsored by manufacturers in various therapeutic areas," he said.

One delegate said the services had financial implications for pharmacists. "It's the classic chicken and egg situation," he said. "Pharmacists may fear that if they offer extra services voluntarily, they won't be remunerated in future because the Government will say they had offered the services free in the first place. Should pharmacists offer extra services now, or wait until the Government offers to remunerate them first?"

## Buying groups fail to deliver

Manufacturers have criticised some pharmacy buying groups for failing to generate extra business, despite negotiating better discounts.

Andrew Hawken, Seton Scholl's national sales manager, said the problems stemmed from the groups' inability to guarantee how much stock their members ordered. "One group will tell

you they've got 1,000 members, and it won't order from manufacturers who will not give discounts. But if you talk to individual members ... you'll find they'll buy your products - providing customers are asking for them," he said.

One delegate said buying groups were shortline wholesalers in the form of co-operatives - others agreed.



**Sandy Young, BAPW chairman, said the BAPW should co-ordinate training programmes for pharmacists**

UniChem has urged pharmacists not to hoard stock as a safeguard against potential millennium bug problems in 2000.

It queried AAH Pharmaceuticals' claim that stock hoarding was a sensible strategy because customers are expected to "panic buy" late this year (*C&D* January 30, p30).

Keith Slater, UniChem's management information services director, said stocking-up would create storage problems in small pharmacies and place "unnecessary pressure" on manufacturers.

His view has been indirectly endorsed by David Hind, who heads the NHS Executive's Year 2000 central support task force, and who urged pharmaceutical organisations and associations last week to co-operate to prevent "a serious situation" from occurring (see p31).

Pharmaceutical manufacturers are liaising to work out how they can respond to the potential problem - an

# UniChem urges pharmacists not to hoard stock in panic

advertising campaign has not been ruled out.

However, Peter Skinner, UniChem's marketing controller, said it would not back such a campaign just now. "There's an argument that by advertising that consumers have nothing to fear, you could simply add to the hype," he said. "We don't intend at this stage to address the consumer, as it isn't clear what the level of public concern is likely to be."

Mr Slater said an emergency situation could be avoided, provided everyone in the pharmaceutical industry behaved responsibly, reviewed potential problems and prepared in advance of 2000. "However, not to prepare and to rely on last minute panic measures

is a sure recipe for problems," he said. UniChem has arranged appropriate staff cover during the extended millennium bank holiday period. And it said it is ready to deal with urgent delivery requests from pharmacists.

Since 1997, it added, it had been working with manufacturers to prevent millennium-related problems. It has also discussed its own preparations with suppliers during its quarterly suppliers' council meetings. The wholesaler dealt with any areas of concern that had been raised.

Meanwhile, UniChem has spent £3 million to ensure its equipment is Year 2000 compliant. If a systems manufacturer could not guarantee that its machinery would work in 2000,

UniChem has replaced the system. It has also carried out continuous testing completed last December.

Since 1995, every new UniChem computer programme, including the Mediphase patient medical record system, has been written to cope with the Year 2000.

**Keith Slater, UniChem's management information services director, advises pharmacists not to hoard stock as the Year 2000 approaches**



## IN BRIEF

### DDSA price increases

DDSA Pharmaceuticals has increased the prices of several brands. Tropium (5mg, 100) has risen 108 per cent to £3.93 and (5mg, 500) has gone up to £19.65; Tropium (10mg, 100) has risen 134 per cent to £5.46 and (10mg, 500) has gone up to £27.30; Chlorotil (25mg, 500) has risen 103 per cent to £9.20, (50mg, 500) has risen 92 per cent to £18.20 and (100mg, 500) has risen 104 per cent to £36; Retcin (250mg, 500) has risen 182 per cent to £55; Oxymycin (250mg, 1,000) has risen 2,191 per cent to £27.50. DDSA said the increases were caused by market forces.

### Link for the millennium

Link 845, a millennium-proof upgrade for users of AAH Pharmaceuticals' Link computer system, is being distributed to 2,500 customers this month. It guarantees on ordering system that will not be interrupted by Y2K issues and is the final stage in a series of developments to provide millennium ready software, says Link marketing manager Steve Molone. The software has a number of new features, including history reporting and the ability to 'invoice by doctor'.

### ML in US deal for Viraldon

ML Laboratories has signed a development and distribution agreement with US-based General Medical Industries (GMI). GMI will develop and market Viraldon, ML's AIDS treatment, in the US and finance and conduct clinical trials to ensure the drug is approved. ML will receive an undisclosed share of Viraldon's profits, plus royalties.

## Boots to open its first dental practice

Boots the Chemists will open its first trial dental practice in Milton Keynes in May, followed by others in Bedford, Slough and Maidenhead.

All practices, apart from the Bedford unit, will be in a BTC store. BTC said each practice will have up to five dentists, five hygienists and ten dental nurses. They will wear a special dental staff uniform.

Children will be given NHS dental treatment and the practices will also offer private dental care.

BTC is investing £10 million in the trial over the first two years. It said the move fitted in with its 'look good feel good' strategy and made commercial sense - the UK dentistry market is worth £1.9 billion.

The chain said it would open six trial practices after acquiring Wilson's

Dentistry, a Birmingham-based dental body corporate, for £250,000 (*C&D* September 19, 1998, p32). Under the Dentists' Act, a company needs to own a DBC before it can open a dental practice - the UK has only 27 DBCs.

Boots will shortly reveal the locations of the remaining two practices.

● The Boots Co has set up a trust to buy and hold shares for employees participating in the company's SAYE share option scheme.

In setting up the trust, Boots has decided to buy shares in the market rather than issuing new ones. This avoids dilution of existing shareholdings and the cost to the company will be charged against current year profits. Boots has pursued a "more capital efficient structure" since 1994 and has been involved in a number of share

buy-backs in recent years.

Boots says that if the trust were to acquire enough shares at, say, 900p, to satisfy all existing options, the exceptional cost in the 1998-99 accounts would be £63m before tax. If the trust takes a similar approach in future years the annual costs of the scheme are estimated at £20m.



## Zeneca shareholders approve Astra merger

Zeneca's shareholders have approved its proposed merger with Astra Pharmaceuticals at an extraordinary general meeting.

They have also approved a resolution to change the currency of Zeneca's share capital from pound sterling to US dollars. Astra's shareholders have until March 18 to approve the merger.

Regulatory authorities are still poring over the merger details. The European Commission has extended its Phase I review to March 1 and, according to Zeneca, wants to discuss "a very narrow area". And the US Federal Trade Commission has asked

for extra information.

Zeneca remains confident that both authorities will clear the merger by the summer.

Its pre-tax profits including exceptionals, meanwhile, fell 2 per cent to £1.063 billion for the year to December 31. Its sales rose 6 per cent to £5,510 billion.

The strong pound cut its operating profits by £131 million and its sales by £208m. Zeneca said the expected impact on profits this year would be "broadly neutral".

Sir David Barnes, Zeneca's outgoing chief executive, said its performance provided "an excellent platform for the

planned merger with Astra".

Sir David will become deputy chairman of Astra Zeneca, while Dr Tom Killop, chief executive officer of Zeneca Pharmaceuticals, will be appointed chief executive.

Zeneca's pharmaceutical sales grew 10 per cent to £2.811 billion - its UK sales rose nearly 7 per cent to £193m.

One of the best performers was Accolate, whose global sales leapt 74 per cent to £92m. Zestril's sales grew 7 per cent to £677m.

In the oncology category, Zoladex's sales were up 8 per cent to £377m, while Nolvadex grew 3 per cent to £316m.

# Glaxo's UK sales drop again

GlaxoWellcome's UK sales fell 12 per cent to £521 million last year - the second time in a row that GW has failed to progress in its largest European market.

In 1997, the company's UK sales had fallen 10 per cent to £592m because of competition from Genpharm's version of ranitidine. Robert Ingram, GW's chief executive, had said then that the outlook for 1998 was more positive.

Last year, however, GW's UK performance was again hit by generic competition on ranitidine and by parallel imports. It was the only European market not to register a rise in GW's sales.

Mr Ingram remains optimistic. He said he was pleased with GW's respiratory sales, which are still its biggest revenue earner in the UK. "The Seretide launch [an anti-asthmatic introduced late last year] will improve our respiratory business in the UK and I'm confident that we'll grow the [total] business in 1999," he said.

That blip aside, GW proved it is filling the gap left by Zantac's dwindling global sales. Group pre-tax profits fell 1 per cent to £2.671 billion on sales of £7.983 billion. At constant exchange rates, GW's sales were up 4 per cent

and its profits rose 5 per cent.

Excluding Zantac and Zovirax sales, which fell nearly £800m, GW's group sales grew 13 per cent at constant exchange rates (CER) and now account for 91 per cent of its portfolio.

Sir Richard Sykes, GW's chairman, said it had succeeded in growing the business despite the loss of Zantac and Zovirax patents. And it is expected to keep that momentum, partly because it will be launching five products which include Relenza, a flu treatment that is expected to be available in Europe by December; and Zeffix, a hepatitis B treatment already available in the US, Canada and the Philippines. "In 1999 we're aiming for double digit growth at constant exchange rates, for sales and earnings," said Sir Richard.

GW's trading margin fell from 35.4 per cent to 33.6 per cent, although it expects to keep that level this year.

While Sir Richard pointed out GW's



**Sir Richard Sykes, GW's chairman, promises double digit growth this year**

strength, in the wake of its aborted merger with SmithKline Beecham, he did not rule out future deals, providing they were strategically sound.

GW's respiratory sales rose 24 per cent to £2.193bn. Flixotide/Flovent grew 63 per cent to £498m, while Seretent was up 26 per cent to £498m.

Its HIV treatments were relatively disappointing, partly because AIDS appears more under control in the US and Europe. GW's viral infection sales fell 2 per cent to £1.348bn. Combivir's sales grew by more than 100 per cent to £267m.

GW's CNS drugs, meanwhile, rose 32 per cent to £1.231bn; its bacterial infection treatments grew 2 per cent to £836m; Zantac's sales fell 42 per cent to £757m and its oncology products rose 7 per cent to £480m.

The company plans to increase its research and development budget by nearly 12 per cent to £1.3bn this year.

# Aventis advised to close 50 plants

Management consultants have advised Aventis, the \$20 billion life sciences group being formed by the merger of Hoechst and Rhône-Poulenc, to close up to half of its plants.

US-based Monitor Company, one of a number of consultants commissioned by Aventis to study its operations, suggested the group could close 50 out of its 91 global plants over the next three years. These could include sites in the UK, Australia, India, Mexico, Puerto Rico and South Africa.

Monitor says 10,000 employees could be made redundant, although it does not say how many could lose their jobs in the UK.

Aventis needs to close plants to realise synergies of more than \$1.2 billion over the next three years - as the group promised when it announced the merger last December. As 60 per cent of these savings are expected to come from its pharmaceuticals operations, they will experience some of the biggest cuts.

Rhône-Poulenc Rorer, which has about 2,000 staff in the UK, said it was too early to gauge what was going to happen to them. Rhône-Poulenc and Hoechst's shareholders are scheduled to vote on the merger in May and, if it is successful, will seal the deal towards the end of June. RPR said Aventis was

unlikely to make firm decisions about redundancies and plant closures until then.

Hoechst Marion Roussel, whose Swindon plant has 450 staff, said Monitor's report did not reflect Aventis' current policy, although it may have some influence in future.

Aventis, according to the report, will also have to drop some of its therapeutic interests to save costs. One press report claims the group could withdraw from bone, rheumatology and asthma. Aventis could then devote more attention to its anti-allergy drugs, which are expected to become one of its main revenue earners.

## Major firms join WHO smoking cessation project

Three major manufacturers of smoking cessation products have joined forces to work on a global initiative to reduce tobacco-related deaths and diseases.

Novartis, Pharmacia & Upjohn and GlaxoWellcome have become involved in the World Health Organization's European partnership project on tobacco dependence.

The project, open to companies, associations and public sector bodies, will help WHO to cut smoking in Europe, Russia and the Central Asian Republics.

## Peter Black profits reach record £12.7m

Peter Black's (PB's) pre-tax profits grew 12.1 per cent to a record £12.7 million for the six months to November 28.

Its sales rose 12.6 per cent to £107.6 million, partly due to the contribution of Ferrosan UK - the vitamin manufacturer - which was acquired for £35 million in December 1997.

Ferrosan has been fully integrated and PB said the synergy benefits were beginning to appear.

The group added that its pro-forma pre-tax profits would exceed £21.7

million for the year to January 31 1999, compared with £19 million for the year to January 31 1998.

Its personal care division, whose products include toiletries, vitamins and cosmetics, increased its profits 18 per cent to £6.6 million. Sales were up 30 per cent to £44.7 million.

PB's new toiletries and skincare plant is on schedule to be completed by Spring.

Since its results were announced, just over a week ago, PB's share price has jumped 34p to 319p.

## TUESDAY, MARCH 2

**Oxfordshire Branch, RPSGB**, at the John Radcliffe Hospital, 7.30 for 8pm. 'Primary care groups - an update'. Speaker: Jonathan Horbury, Chief Executive of Oxford City PCG.

**NICPPET**, 'Men's health' at The Lodge Hotel, Coleraine, 7.30 for 8pm.

**NICPPET**, 'Men's health' at The Killyhevin Hotel, Enniskillen, 7.30 for 8pm.

## WEDNESDAY, MARCH 3

**NICPPET**, 'Principles of Training' at The Stormont Hotel, Upper Newtownards Road, Belfast, 10am to 5pm.

## THURSDAY, MARCH 4

**Sheffield Branch, RPSGB**, at the Charnwood Hotel, Sheffield, 7.30 for 8pm. 'Forensic Pathology'. Speaker Raymond Petre.

## FRIDAY, MARCH 5

**NICPPET**, 'Treating Skin Conditions' at The Dunadry Hotel, Dunadry, 10am to 5pm.

## ADVANCED INFORMATION

**Beauty International** will be held on **February 28 to March 1**, in Brighton. Tel: 0181 652 8858.

**The Royal Pharmaceutical Society of Great Britain** is holding a residential course from **February 28 to March 4** at Madingley Hall, Cambridge - '1999 Arden House European Conference'. Details from Dr JA Clements, tel: 0171 735 9141.

**UKAPS** has arranged a seminar on 'Protein Peptides' on **March 2** at the National Motorcycle Museum, Solihull, West Midlands. For further details, tel: 01784 461106.

**BrAPP Workshops** have arranged a conference on **March 2-4**, at the Chancellor's Conference Centre, University of Manchester. 'The Role of clinical Pharmacology in Designing a clinical development plan'. Details from Pauline Aban, tel: 0171 404 3404.

**The Essential Drugs Project** will be holding a seminar 'Global Pharmacy Practice: A Two-Way Exchange' on **March 3**, sponsored by Voluntary Services Overseas & Echo International Health Services, at The Royal Pharmaceutical Society of Great Britain, London. Details from Philippa Saunders, tel: 0181 318 1419.

**WCPPE** on **March 2** at The Rossett Hall Hotel, Rossett, Nr Wrexham. 7.15 for 7.45pm. 'Oxygen therapy'.

**WCPPE** on **March 2** at the Parkway Hotel, Cwmbran, 7 for 7.30pm. 'Making the best use of pharmacy staff'.

**WCPPE** on **March 3** at the West Wales General Hospital, Carmarthen, 7.15 for 7.45pm. 'Making the best use of pharmacy staff'.

**WCPPE** on **March 3** at the New House Country Hotel, Thornhill, Cardiff 7 for 7.45pm. 'An update on the treatment of epilepsy'.

# Classified

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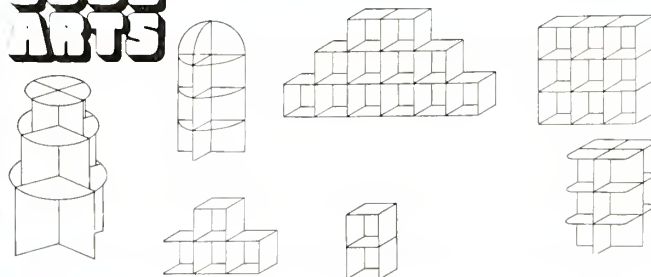
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# A pharmaceutical fantasy

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Far out stuff, but it won pharmacist Fiona Miller from Millom, Cumbria, a cheque for £200 in the Royal Pharmaceutical Society's fantasy millennium competition. Entrants were invited to come up with wacky ideas on how pharmacy could mark the millennium - money no object!

Fiona's idea was concocted on the way home a couple of years ago, after a visit to a UniChem trade show at Alton Towers. Back in real life she works as a locum for Murrays three days a week and spends two half days as a practice pharmacist at two local surgeries.



**Fiona Miller received her cheque for £200 from Society president Hemant Patel on Monday at Lambeth**

## Leader of the pack

Scout groups in Cumbria are getting a new county commissioner on March 1. And by coincidence Ivor Hughes is the second pharmacist to fill the post in the past ten years.

Mr Hughes, who is the dispensary manager at Cumberland Infirmary, has been involved in the Scout movement "man and boy" with a brief break to study for his degree at the University of London.

As county commissioner he will be responsible to the chief scout for maintaining standards on his patch and ensuring child protection and safety policies are properly applied.

One of Mr Hughes recent predecessors was also a pharmacist. Morris Lightfoot, who was managing director of G Lightfoot & Son, was county commissioner from 1985 to 1990.

## Girl power hits Wandsworth

Lucky Wandsworth, might be the response from the cynics. But then they might be missing a trick, because Lara Otunla, 28, and Georgia Michael, 29, fulfilled "a lifetime ambition" when the Mayor of Wandsworth opened their first pharmacy at 53 East Hill this week.

New pharmacies are not so rare that they are headline stuff. The reason this one catches the eye is the well presented press release that the dynamic duo put out to announce their arrival at the Olde Pharmacy.

The pharmacy, we are told, will have a Victorian style interior and a wide range of interesting products - both conventional and slightly off-beat. The services of an aromatherapist, homoeopath, osteopath and chiropodist will be available on different days of the week. "This will be a modern-minded pharmacy with good old-fashioned values," says Georgia.

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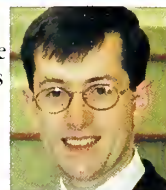
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Saturday	9am - 6.00pm
Sunday	Closed

## APPOINTMENTS

There is a new face in a new position in the marketing department of Lloyds Pharmacy. **John Gregory** is to join the company as professional services category manager. He joins from Pharmax Healthcare where he was a product manager. His main task will be to encourage consumers to use their local pharmacist for advice and information.



**John Gregory**

Pharmacy Alliance, the network of UniChem customer pharmacies providing a range of professional services, has appointed two regional account managers to support activities at local level. **Garry Elliman**, formerly of Coloplast, will cover the Midlands, northern England and Scotland.

**Richard Balcon**, a long serving UniChem account manager, has transferred to cover London, southern England and Wales. Launched last October, there are now 155 members.

**Duncan Craig** has been appointed to a new chair in biophysical pharmacy at the School of Pharmacy, Queen's University of Belfast. The chair is funded by the McClay Trust, a charity set up by the founder of Galen Holdings plc, Dr Allen McClay. Dr Craig, a reader in pharmaceutical materials science at the School of Pharmacy, University of London, takes up his new post in April. He is a former recipient of the BPC Science Medal Award. His appointment is part of a major expansion of the School of Pharmacy at Queen's, which is currently recruiting an additional six academic staff.



**Duncan Craig**

The Proprietary Association of Great Britain has expanded its communication team with the appointment of **Fraser Woodward**. A Cambridge University graduate, he joins the PAGB from the Terrence Higgins Trust.

**Richard Thomas**, the chief executive of the Morriston Hospital NHS Trust in Swansea, is the new director of the NHS Confederation in Wales.

## Say that again, will you?

Improbable but true - Lloyds Pharmacy is coming to the aid of the hard of hearing in South Africa.

Research has shown that many people, and particularly the elderly, do not throw away their hearing aids. Throughout February, customers visiting 80 nominated Lloyds outlets around the country have been able to donate their old hearing aids for the benefit of the people of Natal province.

Lloyds joined forces with hearing care specialists Scrivens in this philanthropic exercise. Philanthropic? Well, not entirely, as Andy Murdock, Lloyds pharmacy director, explains: "It is estimated that more than 8.7 million people in the UK suffer from some degree of hearing loss, yet only 2 million have sought professional advice. This is a statistic Scrivens is hoping to change. Currently 50 Lloyds stores are promoting hearing aid checks through Scrivens audiologists."

## Keeping it brief ...

Martin Rafferty, chairman of Dublin-based United Drug, would seem to be a man who does not waste words. His chairman's statement to the company's annual general meeting was admirably brief: "We have made a good start to trading in this present year and the results for the first four months are well ahead of the same period last year." The meeting presumably did not last long.



There seem to be a number of people in the pharmacy business climbing mountains for good causes at the moment. Here's another. Enterprise sales rep Dale Gibson recently raised over £600 for MacMillan Cancer Relief with a sponsored climb of Mt Kilimanjaro

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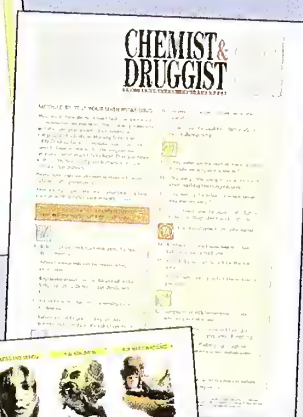
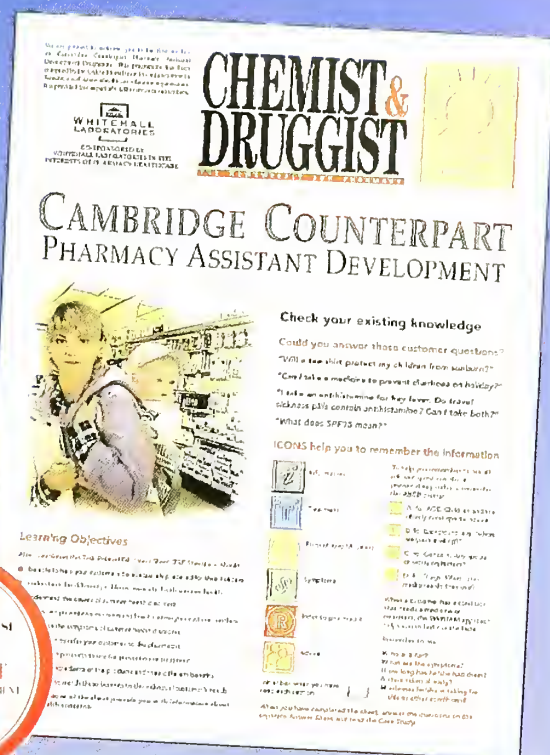
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# *No Smoking Day will soon be here*



*The nation's smokers could be thinking of their pharmacists*

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